

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 MAY 26 PM 4:35

SECRET
TALLAHASSEE, FLORIDA
900299747079

DOCUMENT # M02000001187

1. Limited Liability Company's Name

BELMONT AVENUE PROPERTY, L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1515 E. WOODFIELD RD.

Suite, Apt. #, etc.

SUITE 250

City & State

SCHAUMBURG, ILLINOIS

Zip

60173

Country

USA

3. Mailing Office Address

1515 E. WOODFIELD RD.

Suite, Apt. #, etc.

SUITE 250

City & State

SCHAUMBURG, ILLINOIS

Zip

60173

Country

USA

4. State/Country of Formation

ILLINOIS

5. Date Organized or Qualified
To Do Business in Florida

05/09/2002

6. FEI Number

36-4174916

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite,

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date 5/26/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	T. MICHAEL ABINANTI	266 PARK ST.	PALATINE, IL 60067
MGR	THOMAS ABINANTI	2277 CIRCLE DR.	PALATINE, IL 60067

11. E-mail Address: ADEAN@MPSLAW.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Daytime Phone #

Typed or printed name of signing authorized representative/member

T. MICHAEL ABINANTI

1 of 2 pages

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 660765 7100061
AUTHORIZATION : *[Handwritten signature]*
COST LIMIT : \$ 238.75

ORDER DATE : May 26, 2017
ORDER TIME : 3:43 PM
ORDER NO. : 660765-005
CUSTOMER NO: 7100061

REINSTATEMENT

NAME: BELMONT AVENUE PROPERTY, L.L.C

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____