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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000001846

Name and Mailing Address

0015765 01 MB 0.309 **AUTO TR 0 0615 28412-636609



WELCOME HOME LLC
309D RALEIGH STREET
WILMINGTON NC 28412-6366



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/15/2002	
Principal Place of Business 309D RALEIGH STREET WILMINGTON NC 28412	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 56-1379322 <div style="border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> SIGNATURE REQUIRED Date _____ REGISTERED AGENT MUST SIGN	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JORDAN, JOHN W II	875 N. MICHIGAN AVENUE, SUITE 4020	CHICAGO IL 60611
MGR	QUINN, THOMAS H	1751 LAKE COOK ROAD, SUITE 550	DEERFIELD IL 60015
MGR	HILLMANN, JOHN J	309D RALEIGH	WILMINGTON NC 28412
<div style="text-align: right;"> 900024379389 11/03/03--01058--017 **150.00 REINSTATEMENT <i>03</i> <i>dcc</i> </div>			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the debt for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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. Signature of Managing Member/Manager <i>[Signature]</i> SIGNATURE REQUIRED Date _____ Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager _____			

CR2E034 (7/03)