

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 10:14

DOCUMENT #: M02000003273

1. Limited Liability Company's Name
81SB, LLC

2. Principal Office Address
505 E. Illinois Street

Suite, Apt. #, etc.

Suite 1

City & State

Chicago, IL

Zip
60611

Country
USA

3. Mailing Office Address
505 E. Illinois Street

Suite, Apt. #, etc.

Suite 1

City & State

Chicago, IL

Zip
60611

Country
USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 12/10/02

6. FEI Number
30-0134004

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

REINSTATEMENT 03-05

9. 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

Jeffrey R. Graves
Jeffrey R. Graves
Assistant Secretary

Date 3/18/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Albert H. Meers	505 E. Illinois Street, Suite 1	Chicago, IL 60611
Member	Henry W. Meers, Jr.	20642 S. 84th Avenue	Frankfort, IL 60423

11. 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 reason 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

Albert H. Meers

Date 2/18/05

Daytime Phone# (312) 464-9600

Typed or printed name of signing Managing Member/Manager

Albert H. Meers