

Jan. 15. 2008. 1:32PM

No. 0955 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 29 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #M02000003273

1. Limited Liability Company's Name

§1SB, LLC, a Delaware limited liability company

CR2E041 (12/07)

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

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/USA

5. Date Organized or Qualified
To Do Business in Florida

12/10/2002

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

Robert S. Kramer

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

853 SE Monterey Commons Blvd.

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 01/15/2008

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
MGRM	Albert H. Meers	505 E. Illinois St., Ste. 1	Chicago, IL 60611
MGRM	Henry W. Meers, Jr.	20642 S. 84th Avenue	Frankfort, IL 60423
			400115541654 01/18/08--01042--006 **\$16.25
			400115541654 01/18/08--01042--007 **\$5.00

REINSTATEMENT 06-08 *wa*

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

Date

1/15/08

Daytime Phone #

312-464-9600

Typed or printed name of signing Managing Member/Manager Albert H. Meers