

Division of Corporations

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

CALEAST HD, L.L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 MAY -2 AM 11:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M03000000368					
1. Limited Liability Company's Name CalEast HD, LLC.					
REINSTATEMENT 2005-2006					
2. Principal Office Address 1808 Swift Drive Suite, Apt. #, etc.		3. Mailing Office Address 1808 Swift Drive Suite, Apt. #, etc.		4. State/Country of Formation Delaware	
City & State Oak Brook, Illinois		City & State Oak Brook, Illinois		5. Date Organized or Qualified To Do Business in Florida 01/29/2003	
Zip 60523	Country USA	Zip 60523	Country USA	6. FEI Number 36-4221847	Applicable 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 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33324
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.					
Signature of Registered Agent: <u>Connie Bryan</u> Date: <u>5/1/06</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Member/Managers					
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	CenterPoint Venture, LLC	1801 Swift Drive		Oak Brook, Illinois	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 609, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been terminated, the limited liability company name satisfies the requirements of section 605.406, 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: <u>Paul Fisher</u> Date: <u>5/1/06</u> Digits Phone #: <u>630-5868190</u>					
Typed or printed name of signing Managing Member/Manager: <u>CenterPoint Venture, LLC, by: Paul Fisher, its: President</u>					

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