PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF S A'L
DIVISION OF CORPORATIONS

04 OCT 25 AM 9:02

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000002653

1. Limited Liability Company's Name

ML Kennedy, LLC

2. Principal Office Address	3. Mailing Office Address
1555 N. Sheffield Ave.	1555 N. Sheffield Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chicago, IL	City & State: Chicago, IL
Zip: 60622 Country: USA	Zip: 60622 Country: USA

4. State/Country of Formation: Illinois

5. Date Organized or Qualified To Do Business in Florida: 08/08/03

6. FEI Number: 37-1461743 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☒ ($8.00 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 608, F.S.

Signature of Registered Agent: James M. Halpin Assistant Secretary Date: 10/25/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Michael J. Lerner	1555 North Sheffield Ave.	Chicago, IL 60622

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 608.408, 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: [signature] Date: 10/22/04 Daytime Phone #: 312 573 1122

Typed or printed name of signing Managing Member/Manager: Michael J. Lerner, Member

REINSTATEMENT 04 JM

TOTAL P.02