

M05000000239

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LIMITED LIABILITY REINSTATEMENT

CF PLASTICS, LLC

Certificate of Status	0
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Page Count	02 ³
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T. HAMPTON

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EXAMINER



September 1, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CF PLASTICS, LLC
3860 RIVER ROAD
SCHILLER PARK, IL 60176

SUBJECT: CF PLASTICS, LLC
REF: M05000000239

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Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name CF PLASTICS, LLC			
2. Principal Office Address - No P.O. Box # 3860 RIVER ROAD Suite, Apt. #, etc.		3. Mailing Office Address 3860 RIVER ROAD Suite, Apt. #, etc.	
City & State SCHILLER PARK, IL Zip Country 60176 USA		City & State SCHILLER PARK, IL Zip Country 60176 USA	
4. State/Country of Formation ILLINOIS		5. Date Organized or Qualified To Do Business in Florida 01/18/2005	
6. FEI Number 202122129		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. Name and Address of Current Registered Agent Name JOHN M. GUTHRIK Street Address (P.O. Box Number is Not Acceptable) 11346 53RD STREET NORTH Suite, Apt. #, Etc. City State Zip Code CLEARWATER FL 33760			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <i>JM Guthrik</i> Date <u>29 Aug 09</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Type	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MORM	CF GEAR HOLDINGS, LLC	505 N. LAKE SHORE DRIVE, #401	CHICAGO, IL 60611
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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>Rishi Chandra</i> Date <u>Aug 28 09</u> Daytime Phone # <u>847 673 1631 x15</u> Typed or printed name of signing Managing Member/Manager RISHI CHANDRA, MEMBER OF CF GEAR HOLDINGS, LLC			

FL 110 - 10/06/2008 C (System Update)

REINSTATEMENT 2007-2009