

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -5 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M06000006011

1. Limited Liability Company's Name

PSA EQUITY, LLC

300155459213
05/05/09--01037--003 **1032.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 485 Half Day Road		3. Mailing Office Address 750 Lake Cook Road	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 350	
City & State Buffalo Grove, IL		City & State Buffalo Grove, IL	
Zip 60089	Country U.S.A.	Zip 60089	Country U.S.A.

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 10/31/2006

6. FEI Number 20-5698943 ☐ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

☐ 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 *Susan Easton*
REGISTERED AGENT MUST SIGN

Date 4/22/09

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	Richard Biller	485 Half Day Road Suite 500	Buffalo Grove, Illinois 60089
MGRM	Gerald Biller	485 Half Day Road Suite 500	Buffalo Grove, Illinois 60089
	L. SELLERS		
	MAY - 6 2009	REINSTATEMENT	07-09
	EXAMINER		

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 *Richard Biller* Date 04/16/09 Daytime Phone# 847 520-9250

Typed or printed name of signing Managing Member/Manager Richard Biller