

\$227.50

(#50.00 - state has on file)


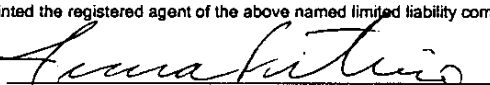
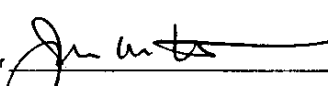
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 19 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M06000007095			
1. Limited Liability Company's Name Fountains Title Holder, L.L.C.			
2. Principal Office Address - No P.O. Box # 200 E. Randolph		3. Mailing Office Address 200 E. Randolph	
Suite, Apt. #, etc. Suite 4322		Suite, Apt. #, etc. Suite 4322	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60601	Country USA	Zip 60601	Country USA
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 12/22/06	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
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 		Date 1-24-08	
REGISTERED AGENT MUST SIGN			
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
Manager	James M. Hutchinson	200 E. Randolph	Chicago, IL 60601
			500118290735 02/19/08--01006--002 **227.50
	L. SELLERS	REINSTATEMENT	07-08
	FEB 25 2008	02/21/07-90080-013-#50.00	
	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 		Date 1/24/08	
Typed or printed name of signing Managing Member/Manager James M. Hutchinson		Daytime Phone # 312.228.2050	