


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

2009 OCT 28 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M07000005847

1. Limited Liability Company's Name

**AFFINITY REALTY & DEVELOPMENT  
SOLUTIONS, LLC**

<b>2. Principal Office Address - No P.O. Box #</b> 225 W Hubbard Suite, Apt. #, etc. 4th Floor City & State Chicago, IL Zip 60654		<b>3. Mailing Office Address</b> 225 W Hubbard Suite, Apt. #, etc. 4th Floor City & State Chicago, IL Zip 60654	
Country US	Country US	Country US	Country US

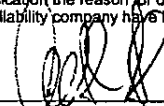
<b>4. State/Country of Formation</b> IL	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/23/07	
<b>6. FEI Number</b> 26-1144232	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>			
Name <b>CORPORATION SERVICE COMPANY</b>			
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.

<b>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.</b>	
Signature of Registered Agent 	Heather Chapman as its agent Date 10/28/09

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Michael Lerner	1555 North Sheffield	Chicago IL 60622
Mgr	Arthur Slaven	225 W Hubbard 4th Fl	Chicago IL 60654
Mgr	Brian Niven	1555 North Sheffield	Chicago IL 60622
Mgr	Marie Slaven	17518 Forborough Lane	Boca Raton FL 33496
<b>REINSTATEMENT 09</b>			100162256571
			10-28-09

<b>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.</b>	
Signature of Managing Member/Manager 	Date 10-27-09 Daytime Phone#
Typed or printed name of signing Managing Member/Manager <u>Arthur Slaven</u>	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 169817 7157078

AUTHORIZATION :

COST LIMIT : \$ 238.75

RECEIVED  
09 OCT 28 AM 10:39

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : October 28, 2009

ORDER TIME : 9:52 AM

ORDER NO. : 169817-005

CUSTOMER NO: 7157078

REINSTATEMENT

NAME: AFFINITY REALTY &  
DEVELOPMENT SOLUTIONS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS \_\_\_\_\_