


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> M95000000341					
<b>1. Limited Liability Company's Name</b>  WARMAN CLUB WARMAN L.L.C.					
<b>2. Principal Office Address</b> 27 EAST MONROE Suite, Apt. #, etc. STE 1400 City & State CHICAGO, IL Zip 60603 Country USA		<b>3. Mailing Office Address</b> 27 EAST MONROE Suite, Apt. #, etc. STE 1400 City & State CHICAGO, IL Zip 60603 Country USA			

FILED

01 DEC 28 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>4. State/Country of Formation</b>	
<b>5. Date Organized or Qualified To Do Business in Florida</b>	
<b>6. FEI Number</b> 36-4048319	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$300 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>	
Name RALPH E. WARMAN	900004762469-8
Street Address (P.O. Box Number is Not Acceptable) 10701 GOLF SHORE DR	-01/09/02-01044-002 ****100.00 ****100.00
Suite, Apt. #, Etc. # 202	900004762469-8
City NAPLES	-01/09/02-01044-003 State FL ****50.00 ****50.00

<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 Ralph E. Warman	Date 12/21/01
REGISTERED AGENT MUST SIGN	

<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
MEM	RALPH WARMAN.	10701 GOLF SHORE DR, NAPLES, FL 34108	
MEM	WILLIAM E. WARMAN.	1029 BARCAMIL DR	NAPLES, FL 34108
REINSTATEMENT 01/01/02			

<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 Ralph E. Warman	Date 12/21/01	Daytime Phone # 312-332-7095
Typed or printed name of signing Managing Member/Manager RALPH E. WARMAN		