

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # M97000000084

Name and Mailing Address

0016577 01 MB 0.309 \*\*AUTO T1 0 0615 62087-086161



CAM OF ILLINOIS, LLC

P.O. BOX 861

SOUTH ROXANA IL 62087-0861

500025265285  
12/08/03--01003--016 \*\*150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

300 DANIEL BOONE TRAIL  
SOUTH ROXANA IL 62087

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
IL

5. Date Organized or Qualified  
To Do Business in Florida

02/25/1997

6. FEI Number

37-1359575

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

**PETER F. SOUZA**  
ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date

12/2/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BRYANT, WILLIAM C	1705 CORDEL CT	GODFREY IL 62035
MGRM	FARRELL, BYRON L	#1 LOCKHAVEN MANOR	GODFREY IL 62035

REINSTATEMENT

12. 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

Typed or printed name of signing Managing Member/Manager

**PETER F. SOUZA**

Date

11/24/03

Daytime Phone

(618) 254-3855

CR2E084 (7/03)