

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra R. Morikam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #

M97000000696

Hometown Lake Village GP, L.L.C.
70 W. Madison Suite 4030
Chicago, IL 60602

1a. Principal Place of Business Address

70 W. Madison ST Suite 4030
Chicago IL 60602

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10/8/97

Delaware

City & State

City & State

4. FEI Number

36-4119308

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

N/A

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

CT Corporation SYSTEM
1200 South Pine Island Road
Plantation, FL 33324

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR

Robert D. Duncan

6671 Southwest Freeway #200

Houston TX 77047

MGR

Stephen R. Quazzo

70 W. Madison Street Suite 4030

Chicago IL 60602

MGR

Randall K. Rowe

70 W. Madison Street Suite 4030

Chicago IL 60602

REINSTATEMENT

98-99

CM

200002801692-9

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****877.50 ****877.50

General
Counsel

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

11/20/98

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Stephen R. Quazzo Manager