

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED *WAL 5/9*
00 MAY -3 AM-9:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *M98000000919*

1. Limited Liability Company's Name

Great Lakes Capital Partners, L.L.C.

2. Principal Office Address

27 East Monroe

Suite, Apt. #, etc.

Suite 700

City & State

Chicago, Illinois

Zip

60603

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

August 20, 1998

6. FEI Number

36-4243081

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

Name

George Luburich, II

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

29-B Venetian Way

Suite, Apt. #, Etc.

Suite 7

City

Miami Beach

State
FL

Zip Code
33139

400003249404-5
-05/12/00--01008--001
****200.00 ****200.00

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

REGISTERED AGENT MUST SIGN

Date *4/28/2000*

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
MAN/MEM	Great Lakes Capital Investments, Inc.	27 East Monroe, Suite 700	Chicago, IL 60603

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

By: *George Luburich, II*, President of

Great Lakes Capital Investments, Inc.

April, 2000

Date

Daytime Phone # (312) 263-7770

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)