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
99 NOV -9 PM 2:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M98000001135

1. Limited Liability Company's Name

Byhall, LLC
c/o CMS/Byron Hall, L.P.
1996 S. Kirk Road, Suite 320
Geneva, IL 60134

2. Principal Office Address	**3.** Mailing Office Address
1996 S. Kirk Rd., #320	c/o Thomas F. Brett II 161 N. Clark St.,#3100
Suite, Apt. #, etc. 320	Suite, Apt. #, etc. 3100
City & State Geneva, IL	City & State Chicago, IL
Zip / Country 60134 / Cook	Zip / Country 60601 / Cook

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
10/2/98

6. FEI Number
75-2634414
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certified Copy

8. Name and Address of Current Registered Agent

Name
The Prentice Hall Systen, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City / State / Zip Code
Tallahassee / FL / 32301

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 Judith A. Blanchett Date 11/8/99
REGISTERED AGENT MUST SIGN

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
Mbr/ Mgr	CMS/Byron Hall, L.P.	1996 S. Kirk Road Suite 320	Geneva, IL 60134

900003040309--2

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. CMS/Byron Hall, Inc.

Signature of Managing Member/Manager By: Thomas F Brett II Date 11/2/99 Daytime Phone # 312-641-6888
General Partner of CMS/Byron Hall, L.P.

Typed or printed name of signing Managing Member/Manager

Received Time Nov. 1. 3:18PM Print Time Nov. 1. 3:20PM

M98000001135 (2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 473091 4801665

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : November 8, 1999

ORDER TIME : 1:03 PM

ORDER NO. : 473091-005

CUSTOMER NO: 4801665

CUSTOMER: Julia N. Studier, Legal Asst
Pedersen & Houpt
Suite 3100
161 North Clark Street
Chicago, IL 60601-3224

DOMESTIC FILINGS

NAME: BYHALL, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____

RECEIVED
99 NOV -9 PM 1:43