

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

02 AUG 26 PM 2:37

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 199800001584

1. Limited Liability Company's Name  
 TCS Properties, LLC

500007450545--9  
 -08/30/02--01044--003  
 \*\*\*\*\*100.00 \*\*\*\*\*100.00

500007450545--9  
 -08/30/02--01044--002  
 \*\*\*\*\*100.00 \*\*\*\*\*100.00

2. Principal Office Address 4225 Naperville Road		3. Mailing Office Address 4225 Naperville Road	
Suite, Apt. #, etc.		Suite, Apt.# etc.	
City & State Lisle, Illinois		City & State Lisle, Illinois	
Zip 60532	Country	Zip 60532	Country

4. State/Country of Formation Indiana	
5. Date Organized or Qualified To Do Business in Florida 12/23/1998	
6. FEI Number 36-4321671	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

500007450545--9  
 -08/30/02--01044--004  
 \*\*\*\*\*5.00 \*\*\*\*\*5.00

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 *Christine M. Eastwine* **Christine M. Eastwine** Date 8/23/02  
 REGISTERED AGENT MUST **Assistant Secretary**

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
Mgr.	Mark Sotir	4225 Naperville Road	Lisle, IL 60532
Mgr.	William S. Johnson	4225 Naperville Road	Lisle, IL 60532
Mgr.	Robert L. Aprati	4225 Naperville Road	Lisle, IL 60532

**REINSTATEMENT** *01/02 CYS*  
*dec*

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 it made under oath.

Signature of Managing Member/Manager *William S. Johnson* Date 8/22/2002 Daytime Phone # 630-955-7315  
 Typed or printed name of signing Managing Member/Manager William S. Johnson