

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

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 ☒

\$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

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

REGISTERED AGENT MUST ~~Assistant Secretary~~

Date

8/23/02

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

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