

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

00 DEC -1 AM 8:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # 1799-234

1. Limited Liability Company's Name
 Ameristar Financial Company, LLC

2. Principal Office Address
 1005 West Busch Blvd

Suite, Apt. #, etc.
 Suite 206

City & State
 Tampa, FL

Zip
 33612

Country
 USA

3. Mailing Office Address
 1795 N. Butterfield Rd.

Suite, Apt. #, etc.

City & State
 Libertyville, IL

Zip
 60048

Country
 USA

4. State/Country of Formation
 Delaware

5. Date Organized or Qualified To Do Business in Florida
 2/19/99

6. FEI Number
 13-4012665

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

500003500295 - 0
 -12/13/00--01099--011
 *****150.00 *****150.00

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 James M. Halpin
 REGISTERED AGENT MUST SIGN

Date 11/22/00

10. Names and Street Addresses of Managing Members/Managers

James M. Halpin
 Assistant Secretary
 Managing Member/Manager

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Charles F. Wonderlic	1795 N. Butterfield Road	Libertyville, IL 60048

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 Charles F. Wonderlic Date 10-18-00 Daytime Phone # 847.680.4900

Typed or printed name of signing Managing Member/Manager Charles F. Wonderlic, Manager

CR2ED41 (9/99)