


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
DOCUMENT # <u>1799-234</u>			
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	
		7. CERTIFICATE OF STATUS DESIRED <input 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			
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 <u>James M. Halpin</u> Date <u>11/22/00</u>			
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
James M. Halpin Assistant Secretary			
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 <u>Charles F. Wonderlic</u> Date <u>10-18-00</u> Daytime Phone # <u>847.680.4900</u>			
Typed or printed name of signing Managing Member/Manager <u>Charles F. Wonderlic, Manager</u>			

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