

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 22 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001139

1. Limited Liability Company's Name

AMW REALTY, LLC

REINSTATEMENT *2000*

2. Principal Office Address

535 West Chicago Avenue

Suite, Apt. #, etc.

City & State

Chicago, Illinois

Zip

60671

Country

USA

3. Mailing Office Address

535 West Chicago Ave

Suite, Apt. #, etc.

Payroll 8th Fl

City & State

Chicago, Illinois

Zip

60671

Country

USA

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

July 29, 1999

6. FEI Number

36-4306483

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

CORPORATION SERVICE

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE FL

State

FL

Zip Code

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

Auma D. Mudra, ASST SECRETARY

Date **11-17-00**

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
MGR	Spencer H. Heine	535 West Chicago Ave.	Chicago, IL 60671
MGR	Don Civgin	535 West Chicago Ave.	Chicago, IL 60671
MGR	Douglas V. Gathany	535 West Chicago Ave.	Chicago, IL 60671
MGR	G. Tad Morgan	535 West Chicago Ave.	Chicago, IL 60671
MGR	Philip D. Delk	535 West Chicago Ave.	Chicago, IL 60671
MGR	Kenneth P. Hansen	535 West Chicago Ave.	Chicago, IL 60671

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

Kenneth P. Hansen

Date **10/17/00**

Daytime Phone # **(312) 467 4914**

Typed or printed name of signing Managing Member/Manager

Kenneth P. Hansen

CR2E041 (9/00)