

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M99000001247 FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

01 OCT 31 PM 2:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M99000001247

1. Limited Liability Company's Name

Ameristar Financial Servicing Company, LLC d/b/a AFSC, LLC

2. Principal Office Address

1425 Tri-State Pkwy, Ste 180

Suite, Apt. #, etc.

City & State

Gurnee, IL 60031

Zip

Country

USA

3. Mailing Office Address

1795 N. Butterfield Rd.

Suite, Apt. #, etc.

City & State

Libertyville, IL 60048

Zip

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified To Do Business in Florida

8/9/99

6. FEI Number

36-4307042

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation Systems

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

400004663024-6

-11/201/201--01064--001

****150.00 ****150.00

City

Plantation

State FL

Zip Code

333245

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

[Signature]

REGISTERED AGENT MUST SIGN

James M. Halpin Assistant Secretary

Date

10/29/01

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
MGRM	Ameristar Financial Company	1425 Tri-State Pkwy Ste 180	Gurnee, IL 60031

REINSTATEMENT

2001

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 corrected, 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

[Signature]

Date

10/29/01

Daytime Phone #

847-549-5180

Typed or printed name of signing Managing Member/Manager Richard E. Wonderlic, authorized person of Ameristar Financial Company, LLC

CR2E041 (9/01)

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Ameristar Financial Servicing Company, L.L.C. d/b/a AFSC, LLC

0

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| | <input type="checkbox"/> Photocopies | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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 TALLAHASSEE, FLORIDA

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