2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								
DOCUMENT # P01000047928 1. Entity Name					FILE			
9195 SURFSIDE CONSULTANTS, INC.					06 HOV 2	E 77 4: 3	33	
Principal Plac	e of Business	Mailing Address			SEC		-	
1212 NORTH		1212 NORTH LASALLE			TALLA		in	
SUITE 110 CHICAGO, IL	60610 US	SUITE 110 CHICAGO, IL 60610 US	3	777				
				` `				
2. Principal Place of Business 10.30 North Clark Street Suite, Apr. #, etc. 3. Mailing Address 10.30 North Clark S Suite, Apr. #, etc.					######################################			
Suite 300 Suite 300				1105300	19 ARING II CING	SE088 (11/82)	TO W	
Chicago IL Chicago IL			ı	4. FEI Num	ber 43454		optied For for a f	
Zip	Country	Chicago I	Country			£0.75		
<u>600</u>		60610	<u>US</u>			Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				Street Address (D.O. Rey Number is Not Assessable)				
				Street Address (P.O. Box Number is Not Acceptable)				
			6					
				City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND D	IRECTORS	11.	ADDITION	_ S/CHANGES TO OFFICERS	S AND DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE			⊠ Change	Addition	
NAME STREET ADDRESS	GOULETAS, NICHOLAS S 1212 NORTH LASALLE SUITE 110			1020 M C10	irk Street, Su	300 dili		
City-St-ZIP	CHICAGO, IL 60610	·	CITY-ST-ZIP	Chicago IL	(00010	4 10000		
TITLE	DP	☐ Delete	TITLE	7		Change	Addition	
NAME STREET ADDRESS	GOULETAS, STÉVEN 1212 NORTH LASALLE SUITE 11:	0	NAME STREET ADDRESS	1030 N. Clar	-KStreet, Suit	0.300		
CITY-ST-ZIP	CHICAGO, IL 60610		CITY-S1-ZIP	Chicago	IL 60610			
TITLE NAME	V CADDEN, JOHN	☐ Delete	TITLE NAME			Change Ch	☐ Addition	
STREET ADDRESS	1212 NORTH LASALLE SUITE 11	0	STREET ADDRESS	1030 North	Clark Street	t,Suite3	100	
CITY-ST-ZIP	CHICAGO, IL 60610		CITY-ST-ZIP		IL 40610			
TITLE NAME	S DIBENEDETTO, ANTHONY R	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	1212 NORTH LASALLE SUITE 11	0	STREET ADDRESS	1030 North	Clark Street	,Suite 30	00	
CITY-ST-ZIP	CHICAGO, IL 60610		CITY-ST-ZIP	Chicago	IL 606/0			
TITLE NAME	T SCHWARK, JAMES	☐ Delete	TITLE NAME	1	01 6 61	Ma Change → C. f.(a	Addition	
STREET ADDRESS	1212 NORTH LASALLE SUITE 11	0	STREET ADDRESS	1	Clark Street		.500	
CITY-ST-ZIP	CHICAGO, IL 60610		CITY-SI-ZIP	Chicago	IL 60610		ET A delica	
TITLE NAME		☐ Delete	HTLE NAME	1	9908210	Change	Addition	
STREET ADDRESS			STREET ADDRESS	11/2	:8/0601 0 490	120 **15 8	.75	
CITY-ST-ZIP	postily that the information appoint with t	nia Glina daga nat qualify far th	CITY-ST-ZIP	apptained in Chapter 1	10. Florida Statutos I furtho	y postify that the in	tormation	
12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: Chulky K- Li Levellle Secretary 11-14-06 312-595-4714 BIGNATURE AND SIGNATURE AND SIGNAT								