


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | |
|--|--|--|---|
| DOCUMENT # P01000047928 1. Entity Name 9195 SURFSIDE CONSULTANTS, INC. | |  | <div style="text-align: right;">FILED</div> <div style="text-align: right;">06 NOV 28 2006 4:36</div> <div style="text-align: right;">SEC TALLAHASSEE</div> |
| Principal Place of Business 1212 NORTH LASALLE SUITE 110 CHICAGO, IL 60610 US | | | Mailing Address 1212 NORTH LASALLE SUITE 110 CHICAGO, IL 60610 US |
| 2. Principal Place of Business 1030 North Clark Street Suite, Apt. #, etc. Suite 300 City & State Chicago IL Zip 60610 Country USA | | | 3. Mailing Address 1030 North Clark Street Suite, Apt. #, etc. Suite 300 City & State Chicago IL Zip 60610 Country USA |
| | | | 4. FEI Number 36-4443454 Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOULETAS, NICHOLAS S 1212 NORTH LASALLE SUITE 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 N. Clark Street, Suite 300 Chicago IL 60610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GOULETAS, STEVEN 1212 NORTH LASALLE SUITE 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 N. Clark Street, Suite 300 Chicago IL 60610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CADDEN, JOHN 1212 NORTH LASALLE SUITE 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 North Clark Street, Suite 300 Chicago IL 60610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DIBENEDETTO, ANTHONY R 1212 NORTH LASALLE SUITE 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 North Clark Street, Suite 300 Chicago IL 60610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SCHWARK, JAMES 1212 NORTH LASALLE SUITE 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 North Clark Street, Suite 300 Chicago IL 60610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100082105351 11/28/06--01049--020 **158.75 |
| 12. I 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 if 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: <u>Anthony R. Di Benedetto Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 11-14-06 | Daytime Phone # 312-595-4714 |