

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -7 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000047928

1. Corporation Name

9195 SURFSIDE CONSULTANTS, INC

600010162236
01/16/03--01064--003 **158.75

REINSTATEMENT 02-03

600010162236
01/16/03--01064--004 **750.00

2. Principal Office Address

1212 N LASALLE

3. Mailing Office Address

1212 N LASALLE

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

SUITE 110

City & State

CHICAGO, IL

City & State

CHICAGO, IL

Zip

60610

Country

U.S.

Zip

60610

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5-14-01

5. FEI Number

36-4443454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. 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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James M. Halpin

James M. Halpin

Assistant Secretary

Date

1/6/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NICHOLAS S. GOULETAS	1212 N LASALLE, 110	CHICAGO, IL 60610
D/P	STEVEN E. GOULETAS	1212 N. LASALLE, 110	CHICAGO, IL 60610
D/V	NICHOLAS V. GOULETAS	1212 N. LASALLE, 110	CHICAGO, IL 60610
V	JOHN CADDEN	1212 N. LASALLE, 110	CHICAGO, IL 60610
S	ANTHONY R. DI BENEDETTO	1212 N. LASALLE, 110	CHICAGO, IL 60610
T	JAMES SCHWARK	1212 N. LASALLE, 110	CHICAGO, IL 60610

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Anthony R. Di Benedetto

ANTHONY R. DI BENEDETTO, SECRETARY

12-31-02 (312) 595-4714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)