PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 APR 13 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000081762

1. Corporation Name

H & K MANAGEMENT, INC.

REINSTATEMENT 05-06

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
C/O G. KERSTING	C/O G. KERSTING
Suite, Apt. #, etc.: 6735 W. CERMAK RD.	Suite, Apt. #, etc.: 6735 W. CERMAK RD.
City & State: BERWYN, IL	City & State: BERWYN, IL.
Zip: 60402 Country: COOK	Zip: 60402 Country: COOK

4. Date Incorporated or Qualified To Do Business in Florida: 07/29/2002

5. FEI Number: 13-4214885 ☐ 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: LEXIS NEXIS DOCUMENT SOLUTIONS, INC.

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

300073511303
05/01/06--01056--003 **1200.00

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: Amy Schwab Asst Secretary Date: 4/12/06
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
PRES	LAURA HULL	C/O G. KERSTING 6735 W. CERMAK RD.	BERWYN, IL 60402
SECY	GREGORY KERSTING	401 E ONTARIO ST, #3701	CHICAGO, IL 60611
TREAS	GREGORY KERSTING	"	"

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: GREGORY KERSTING 4/12/2006 708-749-8406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #