PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 24 PM 4:14

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000126005

1. Corporation Name
HP Florida/Polos, Inc.

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
1801 Hermitage Boulevard		191 N. Wacker Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
100		2500, c/o Gail Carey	
City & State		City & State	
Tallahassee, FL		Chicago, IL	
Zip	Country	Zip	Country
32308	USA	60606	USA

4. Date Incorporated or Qualified To Do Business in Florida 11/27/02

5. FEI Number 13-4225297 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee if you also want 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	State	Zip Code
Plantation	FL	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 J. M. Halpin — James M. Halpin, Assistant Secretary — Date 3/24/04
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Maury R. Tognarelli	191 N. Wacker Drive, Suite 2500	Chicago, IL 60606
D/VP	Howard J. Edelman	191 N. Wacker Drive, Suite 2500	Chicago, IL 60606
D	Thomas D. McCarthy	191 N. Wacker Drive, Suite 2500	Chicago, IL 60606
VP/S	Karen Kurnick	191 N. Wacker Drive, Suite 2500	Chicago, IL 60606
T	Colleen Ryan	191 N. Wacker Drive, Suite 2500	Chicago, IL 60606

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: [signature] 3/24/2004 (312) 855-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Howard J. Edelman, Director/Vice President

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

HP FLORIDA/POLOS, INC.

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