PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P07872

1. Corporation Name

FILED

98 MAR 31 AM 7: 33

VMS Brewster Realty, Inc.							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal P	lace of Business	Mailing Address				1				
%The C	orporation T	cust Co.	Brownto	r Das	a]+sz T	nc .				
A				rewster Realty, Inc			DEILLO		-40	
1000 0 01				<del>-</del>			<b>KEINS</b>	TATEMEN	1	
1141-4 DE 10001				rd Floor Meaton, IL 60187-4526				TO THE SECTION STREET	an an	
If above addresses are incorrect in any way, line through incor									41/78	
	ncipal Office Address, If	3. New Mailing Office Address, If Applicable				4. Date Incorporated or Qualified To Do Business in Florida 10/25/1985				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1	·		
City & State			City & State				5. FEI Number Applied For			
							36-3080543 Not Applicable			
Zip	Zip Country		Zip Country			у	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of	Each Officer and/	or Director (Flo	orida non	orofit corpor	ations must list at le	ast 3 directors)			
	Nar	Name of Officers			Street Address of Each					
Title(s) and/or Directors			Off 3 (Do NOT Us			ficer and/or Director se Post Office Box Numbers)		City / State / Zip		
PD	Robert D. Van Kampen			290 S. County Farm Road			oad	Wheaton, IL 60	187	
VD Joel A. Stone			630 Dundee Road				Northbrook, IL 60062			
VSD	VSD David J. Allen			290 S. County Farm Road			oad	Wheaton, IL 6	0187	
T	T Jerald A. Trannel			290 S. County Farm Road			oad	Wheaton, IL 60	187	
AS J. Timothy Onufrock				290 S. County Farm R			wheaton, IL 60187			
		<del></del>					<b>1</b>	-04/02/98	<b>*0986</b>	
	8. Name and Add	ress of Current P	legistered Age	ent	<del></del> ,		9. Name and Address of New Registered Agent ***303. 75			
·						,	orporation System P.O. Box Number is Not Acceptable) S. Pine Island Road			
					Suite, Apt. #, Etc.					
					City			State FL	Zip Code 33324	
10. I, being Signalure of Registered	appointed the n istered	agent of the above	e named corporation	oration, and	m familiar wi			on 607.0505, F.S.		
	is corporation of angible Persor					Yes 🗆	No X		de for information gible tax.)	
this rein:	statement application, thi	e reason for dissol	ution has been	eliminate	id, the corpo	rate name satisfies	the requirements	pter 607 or 617, F.S. Hurther of section 607.0401 or 617.04 ler section 119.07(3)(i), F.S. 1	401, F.S., that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/98 Date

630-588-7200 Daytime Phone #