PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 19 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003178

1. Corporation Name
5798 North Federal Highway Corporation

2. Principal Office Address	3. Mailing Office Address
c/o Ron Rosenblum, Esq. 111 W. Washington	c/o Ron Rosenblum, Esq. 111 W. Washington
Suite, Apt. #, etc. Suite 823	Suite, Apt. #, etc. Suite 823
City & State Chicago IL	City & State Chicago IL
Zip 60602 Country U.S.A.	Zip 60602 Country U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida 1994

5. FEI Number 363953937 ☐ 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
George L. Sigalos, Esquire, SIMON, SIGALOS & SPYREDES, P.A.

Street Address (P.O. Box Number Is Not Acceptable)
4800 North Federal Highway

600005183536--5
04/02/02 01058--001
****300.00 ****300.00

Suite, Apt. #, Etc.
Suite 100-D

City: Boca Raton | State: FL | Zip Code: 33431

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 _____ Date 2/19/02
REGISTERED AGENT MUST SIGN

CR2E081 (8/01)

9. Names and Street Addresses 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
Pres.	Dean Carson	612 North Wells Street	Chicago IL 60610
V.P.	Chris Carson	612 North Wells Street	Chicago IL 60610
Sec.	Donna Giannis	612 North Wells Street	Chicago IL 60610

SIGN HERE

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 truthful and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Donna Giannis DONNA GIANNIS 2/18/02 (773) 271-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #