

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000073873

1. Corporation Name

NCM VENTURES, INC.

Principal Place of Business

Mailing Address

~~3175 COMMERCIAL AVE~~  
~~SUITE 222~~  
~~NORTHBROOK IL 60062~~  
~~US~~

~~3175 COMMERCIAL AVE~~  
~~SUITE 222~~  
~~NORTHBROOK IL 60062~~  
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

330 Melvin Dr  
Suite 4

330 Melvin Dr  
Suite 4

City & State  
Northbrook, IL

City & State  
Northbrook, IL

Zip Country  
60062 USA

Zip Country  
60062 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1994

5. FEI Number

36-3982021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	LARRY A. SIEGEL	3175 COMMERCIAL AVE, SUITE 222 330 Melvin # 4	NORTHBROOK IL
DVP	SPATZ-GLENN, ADORA	3175 COMMERCIAL AVE 330 Melvin # 4	NORTHBROOK IL
AS	STAY, SONYA	3175 COMMERCIAL AVE, SUITE 222 330 Melvin # 4	NORTHBROOK IL

100003417971--2

-10/09/00--01007--020

\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301-2636

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURES REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

9-26-00

11. 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:

**SIGNATURES REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-00

Date

847-656-8100

Daytime Phone #

KE

CR2040 (8-99)