

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 SEP 29 AM 10:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000089463**

1. Corporation Name
DAYTONA VENTURES INC.

Principal Place of Business	Mailing Address
3175 COMMERCIAL AVE 222 NORTHBROOK IL 60062 US	3175 COMMERCIAL AVE 222 NORTHBROOK IL 60064 US



REINSTATEMENT 09-00

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

2. New Principal Office Address, If Applicable 330 Melvin Dr. Suite, Apt. #, etc. Suite 4 City & State Northbrook, IL Zip 60062 Country USA	3. New Mailing Office Address, If Applicable 330 Melvin Dr. Suite, Apt. #, etc. Suite 4 City & State Northbrook, IL Zip 60062 Country USA
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4. Date Incorporated or Qualified To Do Business in Florida 11/13/1995
5. FEI Number 36-4050361
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSD	LARRY A. SIEGEL	19355 TURNBERRY WAY, 14F 330 Melvin Dr # 4	AVENTURA FL Northbrook, IL 60062
			900003417969--8 -10/09/00--01007--019 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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

[Signature] **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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-25-00 847-656-8108

KE

CR2E040 (8/99)