

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 14 AM 10:53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000086201

1. Corporation Name
Capital Growth Systems, Inc.

900066215379
02/20/06--01073--030 **750.00

2. Principal Office Address
50 East Commerce Drive

3. Mailing Office Address
50 East Commerce Drive

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Schaumburg, IL

City & State
Schaumburg, IL

Zip
60173

Country
USA

Zip
60173

Country
USA

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida 9/29/1999

5. FEI Number
65-0953505

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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 2/8/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Robert T. Geras	50 East Commerce Drive	Schaumburg, IL 60173
Director	Lee Wiskowski (Co-Chief Executive)	50 East Commerce Drive	Schaumburg, IL 60173
Director	Douglas Stukel (Co-Chief Executive)	50 East Commerce Drive	Schaumburg, IL 60173
Director	David Beamish	50 East Commerce Drive	Schaumburg, IL 60173
Director	Philip Kenny	50 East Commerce Drive	Schaumburg, IL 60173
CFO	Derry L. Behm	50 East Commerce Drive	Schaumburg, IL 60173

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)(f), 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

2/9/06
Date

630-872-5800
Daytime Phone #

Derry Behm

2/17/06