

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 22 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 999000086201

1. Corporation Name

Capital Growth Systems, Inc.

100023559294  
10/06/03--01002--034 \*\*900.00

**REINSTATEMENT** 02-03

2. Principal Office Address

980 N. Michigan

3. Mailing Office Address

980 N. Michigan

Suite, Apt. #, etc.

1120

Suite, Apt. #, etc.

1120

City & State

Chicago, Illinois

City & State

Chicago, Illinois

Zip

60611

Country

USA

Zip

60611

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 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)

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code  
32301

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

*Alism Hand*  
COR 551

ASST Secy

REGISTERED AGENT MUST SIGN

Date 9/22/03

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
D	Lee Wiskowski	980 N. Michigan, Ste. 1120	Chicago, Illinois 60611
PST	Lee Wiskowski	980 N. Michigan, Ste. 1120	Chicago, Illinois 60611

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(312) 640-2975

Daytime Phone #

CP2E081 (1/02)

9/22