

Form **LLC-35.40/45.65** September 2000

Illinois Limited Liability Company Act

This space for use by Secretary of State

APPLICATION FOR REINSTATEMENT FOLLOWING ADMINISTRATIVE DISSOLUTION OR REVOCATION

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
351 Howlett Building
Springfield, IL 62756
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State.

Submit in Duplicate
Must be typewritten

This space for use by Secretary of State

Date: 12.20.2004
Assigned File #: 0031 0018
Filing Fee: \$500
Approved: RB

FILED

DEC 20 2004

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name as of the date of issuance of the notice of dissolution or revocation: _____

Pensacola Associates, LLC

If applicable, new name of the Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application):



2. File number assigned by Secretary of State: 00310018

Doc#: **0507019117**
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 03/11/2005 03:10 PM Pg: 1 of 1

3. State of Organization: Illinois

4. Date notice of dissolution or revocation issued: 12/28/2000

5. Registered agent:	<u>Anthony</u>	<u>R.</u>	<u>Rossi</u>
	First Name	Middle Initial	Last Name
Registered Office:	<u>One N. Franklin</u>	<u>Suite 700</u>	
(P.O. Box and are unacceptable)	Number	Street	Suite #
	<u>Chicago</u>	<u>60606</u>	<u>Cook</u>
	City	ZIP Code	County

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated December 3, 2004
(Month & Day) (Year)

[Signature]
(Signature)
Anthony R. Rossi, MBR
(Type or print Name and Title)

(If applicant is a company or other entity, write name of company and indicate whether it is a member or manager of the LLC.)