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File Number

5628-810-4

DEPT-01 RECORDING

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  - COOK COUNTY RECORDER -

# State of Allinois Office of The Secretary of State

Whereas,

THE REINSTATEMENT OF
DIVERSIFIED FINANCIAL CORPORATION

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAS BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN F(RCL JULY 1, A.D. 1984.

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Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

96279115

In Cestimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this at the City of Springfield, this day of APRIL A.D. 19 96 and of the Independence of the United States the two hundred and 20TH

Scorge 4 Ryan

Secretary of State



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#### Form BCA-12454 Form BCA-12454 OFF FET TON GAREINS AT MEN 13.60 DOMESTIC OR FOREIGN CORPORATIONS File # 5628-810-4 (Rev. Jan. 1995) is space for use by Secretary of State George H. Ryan SUBMIT IN DUPLICATE! Secretary of State Department of Business Services Springfield, IL 62756 This space for use by Secretary of State APR 10 1996 ንPayment must be made by certi-Date 4-10-46 fied check, cashier's check, Illinois attorney's check, 'Ilinois C.P.A.'s GEORGE H. RYAN Filling Fee \$ 100.00 check or money order, payable to SECRETARY OF STATE 'Secretary of State.' Approved: (a) Corpc. at name as of the date of issuance of the certificate of dissolution or revocation: Diversified Financial Corporation (b) Corporate name as changed: \_\_\_\_Diversified Edgewood Corporation (Note 1) (c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name: \_\_ (Note 2) State of incorporation: Illinois Date that the certificate of dissolution or revocation was insued: 3. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 3) NOTICE! Completion of item #4 does not constitute a regist ared agent or office change. See note #3 on back of this form. C T CORPORATION SYSTEM **Flegistered Agent** First Name Middle Nam ? Last Name c/o C T CORPORATION SYSTEM, 208 S. LaSalle Street Number Street Suite # (A P.U. For alone is not acceptable) APR 10 1996 Chicago 60604 Cook -City SECRETARY OF STATE Zip Code County This application is accompanied by all delinquent report forms together with the filling fees, tranchise taxes, license fee and penalties required. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.)

A DESCRIPTION OF THE PROPERTY OF THE PROPERTY

6.

by

19 Diversified Financial Corporation

(Exact Name of Corporation)

altested by \_\_\_\_\_\_

(Signature of Secretary or Assistant Secretary)

(Signature of President or Vice President)

(Type or Print Name and Title)

DOUND BOXX PRESS (Type or Print Name and Title)

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