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CT CORPORATION SYSTEM


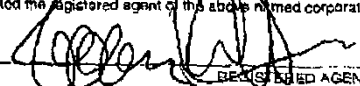
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CT CORP

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|--|-----------------------------------|---|-----------------------|---|--------------------------|
| DOCUMENT # <u>014170</u> | | | | | |
| 1. Corporation Name <u>Safer Foundation Inc.</u> <u>571 W Jackson Blvd</u> <u>Chicago, Ill. 60661</u> | | | | | |
| 2. Principal Office Address <u>571 W Jackson Blvd</u> Suite, Apt. #, etc. <u>Attn: Stephen Gorny</u> | | 3. Mailing Office Address <u>225 W. Washington</u> Suite, Apt. #, etc. <u>Suite 1701</u> | | 4. Date incorporated or Qualified To Do Business in Florida <u>4/24/87</u> | |
| City & State <u>Chicago, IL</u> | | City & State <u>Chicago, IL</u> | | 5. FEI Number <u>36-2702165</u> | |
| Zip <u>60661</u> | Country <u>USA</u> | Zip <u>60606</u> | Country <u>USA</u> | Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SB 75 Affidavit Fee required for Certificate of Status</small> | | | | | |
| 7. Name and Address of Current Registered Agent | | | | | |
| Name <u>CT Corporation Systems</u> | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) <u>1000 S. Pine Island Rd</u> | | | | | |
| Suite, Apt. #, Etc. | | | | | |
| City <u>Plantation Florida</u> | | | | State <u>FL</u> | Zip Code <u>33324</u> |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S. | | | | | |
| Signature of Registered Agent  | | Name <u>Jeffrey R. Graves</u> <u>Assistant Secretary</u> | | Date <u>12/05/05</u> | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | | City / State / Zip | |
| <u>Pres</u> | <u>Alan Hunter</u> | <u>571 W Jackson Chgo</u> | | <u>Ill 60661</u> | |
| <u>CEO</u> | <u>B Diane Williams</u> | <u>571 W Jackson Chicago</u> | | <u>Ill 60661</u> | |
| <u>VP</u> | <u>Stephen Gorny</u> | <u>5710 W. Jackson Chicago, IL</u> | | <u>60661</u> | |
| | | | | | |
| | | | | | |
| 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)(b), F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. | | | | | |
| SIGNATURE: <u>Stephen Gorny</u> | | Name <u>Stephen Gorny</u> | | Title <u>Vice President</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>1/23/05</u> | | Phone <u>312-766-7531</u> | |

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Division of Corporations

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CORPORATION REINSTATEMENT

SAFER FOUNDATION, INC.

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|-----------------------|----------|
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