

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

01-07



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F00000005873

1. Corporation Name

CARD GUARD TECHNOLOGIES, INC.

FILED
07 JUL -9 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100103042431
05/22/07--01054--008 **1858.75

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

10255 HIGGINS RD

3. Mailing Office Address

10255 HIGGINS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROSEMONT, IL

City & State

ROSEMONT, IL

Zip

60018

Country

USA

Zip

60018

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

10/19/2000

5. EEI Number

36-4381458

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

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

TALLAHASSEE

State
FL

Zip Code
32301-2525

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres

Date 6/25/07

REGISTERED AGENT MUST SIGN

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
P, D	FREDERICK MINDERMAN	10255 HIGGINS RD	ROSEMONT, IL 60018
CFO	FRANCIS LEONARD	10255 HIGGINS RD	ROSEMONT, IL 60018
S	ROGER RICHARDSON	10255 HIGGINS RD	ROSEMONT, IL 60018
T	MICHAEL TURCHI	10255 HIGGINS RD	ROSEMONT, IL 60018
D	KOBI BEN EFRAIM	10255 HIGGINS RD	ROSEMONT, IL 60018

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 contained in Chapter 119, 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:

Michael Turchi

MICHAEL TURCHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/07

Date

(847) 720-2172

Daytime Phone #