

FILED

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2007 JUN -6 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000006005

1. Corporation Name

Peak Lime, Inc.

REINSTATEMENT

06-07

CR20081 (12/05)

|                                                |                   |                                                  |                   |                                                                                                                                 |  |
|------------------------------------------------|-------------------|--------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Office Address<br>8035 Highway 25 |                   | 3. Mailing Office Address<br>Post Office Box 128 |                   | 4. Date Incorporated or Qualified To Do Business in Florida<br>Nov. 20, 2001                                                    |  |
| Suite, Apt. #, etc.                            |                   | Suite, Apt. #, etc.                              |                   | 5. FBI Number<br>48-1252679                                                                                                     |  |
| City & State<br>Calera, Alabama                |                   | City & State<br>Calera, Alabama                  |                   | Applied For<br>Not Applicable                                                                                                   |  |
| Zip<br>35040                                   | Country<br>U.S.A. | Zip<br>35040                                     | Country<br>U.S.A. | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status |  |

|                                                                        |             |                   |
|------------------------------------------------------------------------|-------------|-------------------|
| 7. Name and Address of Current Registered Agent                        |             |                   |
| Name<br>Corporation Service Company                                    |             |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>1021 Hays Street |             |                   |
| Suite, Apt. #, Etc.                                                    |             |                   |
| City<br>Tallahassee                                                    | State<br>FL | Zip Code<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>Deborah D. Skipper</i>         | Deborah D. Skipper<br>Asst. V. Pres.           | Date<br>6/6/07     |
| 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 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | See Addendum (attached)           |                                                |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                |                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                |                    |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>W. J. Siehko, Jr.</i>          | William J. Siehko, Jr.                         | Jun. 6, 2007       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | Date                                           | Daytime Phone #    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                | 412-394-5405       |

**Peak Lime, Inc.  
Document Number F01000006005**

**Corporation Reinstatement  
Addendum**

**9. Names and Street Addresses of Each Officer and/or Director**

| <b>Titles</b> | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b>                                | <b>City / State / Zip</b> |
|---------------|------------------------------------------|--------------------------------------------------------------------------------------|---------------------------|
| D/CEO         | Michael R. Boyce                         | The Peak Group, 15200 Santa Fe Drive                                                 | Lenexa, KS 66219          |
| D             | Thomas F. Campion                        | Merit Capital, 303 West Madison Street, Suite 2100                                   | Chicago, IL 60606         |
| D/VP/AS       | Frank J. Clements                        | Babst, Calland, Clements and Zomnir, P.C., Two Gateway Center, 6 <sup>th</sup> Floor | Pittsburgh, PA 15222      |
| D             | Daniel Pansing                           | Merit Capital, 303 West Madison Street, Suite 2100                                   | Chicago, IL 60606         |
| D/EVP/T/CFO   | Scott Randolph                           | The Peak Group, 15200 Santa Fe Drive                                                 | Lenexa, KS 66219          |
| D/EVP/S/CAO   | William J. Siehko, Jr.                   | The Peak Group, 15200 Santa Fe Drive                                                 | Lenexa, KS 66219          |
| D             | Billy Whalen                             | The Peak Group, 15200 Santa Fe Drive                                                 | Lenexa, KS 66219          |
| D             | Charlie Cook                             | 85 Sugar Creek Place                                                                 | Waco, TX 76712            |
| P             | Mitchell P. Dascher                      | Peak Lime, Inc., 8035 Highway 25                                                     | Calera, AL 35040          |
| AS            | Gregory D. Cribbs                        | Babst, Calland, Clements and Zomnir, P.C., Two Gateway Center, 6 <sup>th</sup> Floor | Pittsburgh, PA 15222      |

DKS

Florida Department of State  
Division of Corporations  
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**CORPORATION REINSTATEMENT**

**PEAK LIME, INC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$908.75 |