

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUL 29 AM 8:00

DOCUMENT # **691782**

1. Corporation Name  
**Mechanical Controls Corporation**  
  
**1354 Clifford Avenue  
Loves Park, Illinois**

2. Principal Office Address  
**1354 Clifford Avenue**

3. Mailing Office Address  
**Loves Park, Illinois**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Loves Park, Illinois**

City & State

Zip  
**61132**

Country  
**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida **3/19/1984**

5. FEI Number  
**59-2386240**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** *02-04*  
*MRS*  
**100039693661**  
07/29/04--01042--016 \*\*1058.75

**7. Name and Address of Current Registered Agent**

Name  
**C T CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City  
**Plantation**

State  
**FL**

Zip Code **33324**

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

*Judith B. Argao*

**Judith B. Argao  
Asst. Secretary & V. President**

Date **7/21/04**

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
VP/S	Timothy J. Dolan	1701 Byrd Avenue	Richmond, Virginia 23230
VP	Paul G. Schuler	1354 Clifford Avenue	Loves Park, Illinois 61132
Treas.	Brent Schultz	1354 Clifford Avenue	Loves Park, Illinois 61132

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)(i), 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 2004

Date

**(804) 756-6544**

Daytime Phone #

CR2E081 (07/04)