

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

M98000000349

FILED

02 OCT 28 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000349

Name and Mailing Address

0011747 01 SP 0.370 **SGLP

0615 54971

ALLIANCE LAUNDRY SYSTEMS LLC
SHEPARD STREET
RIPON WI 54971



10/4/02

2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/14/1998	
Principal Place of Business SHEPARD STREET RIPON WI 54971	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 39-1927923	Applied For Not Applicable
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10/31/02--01072--005 **150.00 City FL Zip Code		REINSTATEMENT 2002	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Jeffrey Graves</u> Date <u>10/25/02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	L'ESPERANCE, THOMAS F	SHEPARD STREET	RIPON WI
MGR	CONARD, EDWARD W	BAIN CAPITAL, INC. TWO COPLEY PL 745 5th Avenue, Suite 3200	BOSTONMA New York, NY
MGR	GAY, ROBERT C	BAIN CAPITAL, INC. TWO COPLEY PL 111 Huntington Ave	BOSTONMA BOSTON, MA
MGR	SHERRILL, STEPHEN C	128 EAST 58TH STREET	NEW YORK NY
MGR	TAYMOR, PHILIP	94 MAPLE ST	MILFORD MA Delete
MGR	ZIDE, STEPHEN M	BAIN CAPITAL, INC. TWO COPLEY PL 111 Huntington Ave	BOSTONMA

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Thomas F. L'Esperance

Date 10-23-02

Daytime Phone # 920-748-4403

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)