

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

98 NOV 13 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

F9400005434

1. Corporation Name

18-Chai Corp.

Principal Place of Business

7303 N. Cicero Avenue  
Lincolnwood, IL 60646

Mailing Address

REINSTATEMENT

96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10-19-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3428205

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
Chairman & Director	William A. Alter	7303 N. Cicero Avenue	Lincolnwood, IL 60646
President	Michael J. Alter	7303 N. Cicero Avenue	Lincolnwood, IL 60646
V.P.	Lawrence M. Freedman	77 W. Washington Street	Chicago, IL 60602
V.P.	Randolph F. Thomas	7303 N. Cicero Avenue	Lincolnwood, IL 60646
V.P.	Samuel F. Gould	1980 Springer Drive	Lombard, IL 60148
V.P and Secretary	Ronald F. Siegel	7303 N. Cicero Avenue	Lincolnwood, IL 60646
Treas.	Ronald F. Siegel	7303 N. Cicero Avenue	Lincolnwood, IL 60646

8. Name and Address of Current Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

400002689544--7

Street Address (P.O. Box Numbers Not Acceptable)

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 11-12-98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Lawrence M.

Date

11-11-98

(312) 346-1390

Daytime Phone #

Freedman