

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Hams
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 15 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 014843

1. Corporation Name

Warren Wooten Ford, Inc.

300007628999--1
-09/10/02--01032--021
****943.75 ****943.75

2. Principal Office Address
4225 Naperville Road

3. Mailing Office Address
4225 Naperville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lisle, IL

City & State
Lisle, IL

Zip
60532

Country

Zip
60532

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/18/1924

5. FEI Number
59-0452670

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

Name
CT 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, VS.

Signature of
Registered Agent

James M. Halpin

James M. Halpin
Assistant Secretary

Date 8/9/02

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	Mark Sotir	4225 Naperville Road	Lisle, IL 60532
S/D	Robert L. Aprati	4225 Naperville Road	Lisle, IL 60532
VP/D	William S. Johnson	4225 Naperville Road	Lisle, IL 60532
VP	Thomas L. Kram	4225 Naperville Road	Lisle, IL 60532

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:

Thomas L. Kram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas L. Kram

8/2/02
Date

630-955-7230
Daytime Phone #