

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

01-02 Re: Jm

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 014843			
1. Corporation Name Warren Wooten Ford, Inc.			
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 <input checked="" type="checkbox"/> \$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 abode named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, VS.

Signature of Registered Agent  **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 61 T, 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

Date 8/2/02 Daytime Phone # 630-955-7230