

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 300480

1. Corporation Name

DoALL Florida Company

2. Principal Office Address

254 North Laurel Ave.

Suite, Apt. #, etc.

City & State

Des Plaines, Illinois

Zip

60016

Country

United States

3. Mailing Office Address

254 North Laurel Ave.

Suite, Apt. #, etc.

City & State

Des Plaines, Illinois

Zip

60016

Country

US

REINSTATEMENT

02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-3-1966

5. FEI Number

59-1112401

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Cystal Bales, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date

1/30/04

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
Chrm.	Michael L. Wilkie	254 North Laurel	Des Plaines, Illinois 60016
Pres.	David Crawford	254 North Laurel	Des Plaines, Illinois 60016
ExtvVP	Jon M. Henricks	254 North Laurel	Des Plaines, Illinois 60016
Treas.	James F. Japczyk	254 North Laurel	Des Plaines, Illinois 60016
Secy.	Timothy P. Moran	254 North Laurel	Des Plaines, Illinois 60016
		F	700028130567

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy P. Moran, Secy.

1-28-04

Date

847-803-7312

Daytime Phone #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 416270 7401792

AUTHORIZATION :

Patricia Pizato

COST LIMIT : \$ 1058.75

ORDER DATE : January 29, 2004

ORDER TIME : 1:08 PM

ORDER NO. : 416270-020

CUSTOMER NO: 7401792

CUSTOMER: Mr. Charles Thomson
Doall Company
254 N. Laurel

Des Plaines, IL 60016

DOMESTIC FILINGS

NAME: DOALL FLORIDA COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
04 FEB -2 AM 8:12
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA