2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 300480

1. Entity Name
DOALL FLORIDA COMPANY

Principal Place of Business	Mailing Address
254 ~~245~~ NORTH LAUREL AVE DES PLAINES, IL 60016	254 ~~245~~ NORTH LAUREL AVE DES PLAINES, IL 60016

10072005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
4502 107th CIR. NORTH	254 N. LAUREL AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CLEARWATER FL	DES PLAINES, IL
Zip: 33762-5034 Country: U.S.A	Zip: 60016-4324 Country: USA

4. FEI Number: 59-1112401 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRM WILKIE, MICHAEL L 254 N. LAUREL AVE. DES PLAINES, IL 60016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500060687255 10/17/05--01069--015 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRAWFORD, DAVIDEL 254 N. LAUREL AVE. DES PLAINES, IL 60016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXVP HENRICKS, JON M 254 N. LAUREL AVE. DES PLAINES, IL 60016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JAPCZYK, JAMES 254 NORTH LAUREL DES PLAINES, IL 60016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUND, STEVE 254 N. LAUREL AVE DES PLAINES, IL 60016-4321 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORAN, TIMOTHY 254 NORTH LAUREL DES PLAINES, IL 60016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ TIMOTHY MORAN 10-10-05 8478037312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/28