

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 18 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 829738

1. Corporation Name

L.R. NELSON CORPORATION

Principal Place of Business

Mailing Address

ONE SPRINKLER LANE
PEORIA IL 61615
US

ONE SPRINKLER LANE
PEORIA IL 61615
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1973

5. FEI Number

04-2498923

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	RISK, FRED J	2373 GULF SHORE BLVD N	NAPLES FL
DS	BIKALES, NORMAN	ONE POST OFFICE SQUARE	BOSTON MA
D	FICHTHORN, LUKE	514 HOLLOW TREE RD	DARIEN CT
D	MACLEAN, BARRY	1000 ALLANSON RD	MUNDELEIN IL
CDT	RANSBURG, DAVID P	509 E HIGH POINT RD	PEORIA IL

VP of Admin. &
Finance

Raymond J. Busam

1 Sprinkler Lane

Peoria IL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

400002691884--3

11/19/98-01088-005

****750.00 FL ****750.00

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 of Raymond J. Busam
REGISTERED AGENT MUST SIGN

Assistant Secretary

Date

11/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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 of Raymond J. Busam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond J. Busam, Vice President of Administration & Finance

11/13/98

Date

3096902352

Daytime Phone #

CR2EIM4 (9/88)