

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 853129

1. Corporation Name

CHICAGO METALLIC PRODUCTS, INC.

Principal Place of Business

800 ELA ROAD  
LAKE ZURICH IL 60047  
US

Mailing Address

C/O SIDNEY S HESS JR  
30 N LASALLE ST SUITE 2800  
CHICAGO IL 60602-2598  
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

08/11/1982

5. FEI Number

36-2834591

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DC	FEAR, GEOFFREY C.	800 ELA ROAD	LAKE ZURICH IL 60047
SD	HESS, SIDNEY J., JR.	30 NORTH LASALLE ST	CHICAGO IL
D	BARTON, RALPH W	800 ELA ROAD	LAKE ZURICH IL
D	SCHWARTZ, RICHARD M.	800 ELA ROAD	LAKE ZURICH IL
SVPD	MOPHEETERS, KENNETH K.	800 ELA ROAD	LAKE ZURICH IL
PD	FEAR, PAUL B.	800 ELA ROAD	LAKE ZURICH, IL 60647
VPT	FABER, MARK R	800 ELA ROAD	LAKE ZURICH IL

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Mark R. Faber*

REGISTERED AGENT MUST SIGN

Date

12/10/99

11. 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:

*Mark R. Faber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/99

Daytime Phone #

847-726-5229

KE