PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 JUN -3 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION** [redacted]

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

DOCUMENT # F00000003708

1. Corporation Name

VANGUARD PRODUCTS GROUP, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 13610 WRIGHT CIRCLE | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TAMPA, FLORIDA | City & State: |
| Zip: 33626 / Country: HILLSBOROUGH | Zip: / Country: |

04/23/02 90356 020 150.00

4. Date Incorporated or Qualified To Do Business In Florida: 6/30/2000

5. FEI Number: 36-4353793 — 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: 32301-2525

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: Deborah D Skipper — REGISTERED AGENT MUST SIGN

Deborah D. Skipper
Asst. V. Pres.

Date: 6/3/02

CR2E081 (9/01)

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 |
|---|---|---|---|
| PRE/DI | DANIEL L. PETROVICH | 13610 WRIGHT CIRCLE | TAMPA FLORIDA 33626 |
| VP/DIR | CHRISTOPHER KELSCH | 13610 WRIGHT CIRCLE | TAMPA FLORIDA 33626 |
| SEC/DI | PAUL C. BURKE | 2340 ERNIE KRUEGER CIRCLE | WAUKEGAN ILLINOIS 60087 |
| | | | |
| | | | |
| | | | |

01-02 UBR 300005694603--8

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: Daniel Petrovich — 5/31/02 — 877-477-4874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vanguard Products Group, Inc.
13610 Wright Circle
Tampa, FL 33626
Ph.:(813) 855-9639
Fax (813) 855-9628

May 31, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl 32399

Attention: Reinstatement

Dear Sirs:

Vanguard Products Group, Inc. (Florida Document number F00000003708) relocated its office from North Chicago, Illinois to Tampa, Florida. It thought it had provided the change of address last year to the Secretary of State.

The Annual Report was not received by Vanguard Products Group, Inc. Therefore, we request that your office waive the $600 Reinstatement Fee.

Sincerely,

Daniel L. Petrovich,
President

ACCOUNT NO. : 072100000032

REFERENCE : 603606 5022192

AUTHORIZATION : Patricia Pyjut

COST LIMIT : 150.00

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ORDER DATE : May 30, 2002

ORDER TIME : 3:53 PM

ORDER NO. : 603606-005

CUSTOMER NO: 5022192

CUSTOMER: Lewis F. Matuszewich, Esq
Matuszewich & Associates, Pc
2121 North Fremont Avenue,
Suite 400
Chicago, IL 60614

RECEIVED
02 JUN -3 PM 4:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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REINSTATEMENT

NAME: VANGUARD PRODUCTS GROUP, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____