

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 12:28

DOCUMENT # F00000005686

1. Corporation Name

Tru Vue, INC.

2. Principal Office Address

9400 W. 55TH

Suite, Apt. #, etc.

City & State

McCook, IL

Zip

60525

Country

USA

3. Mailing Office Address

9400 W. 55TH ST

Suite, Apt. #, etc.

City & State

McCook, IL

Zip

60525

Country

USA

REINSTATEMENT 01

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

10/11/2000

5. FEI Number

36-2091655

Applicable ☒ **SP**
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

CAS - CORPORATE ART SERVICES

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

4502 35TH ST

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

300004649863-7

10/23/01-01045-008

****750.00 ****750.00

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

Thomas Graham

REGISTERED AGENT MUST SIGN

Date 10/04/01

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
PCD	Thomas Graham	9400 W. 55th St.	McCook IL 60525
S	Pat Beithon	7900 Xerxes Ave. S. Ste 1800	Minneapolis MN 55431
T	James Van Burk	9400 W. 55th St.	McCook IL 60525
D	Russell Huffer	7900 Xerxes Ave. S. STE. 1800	Minneapolis MN. 55431
D	Larry D. Stordahl	7900 Xerxes Ave. S. STE. 1800	Minneapolis MN. 55431
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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:

Thomas Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/01

Date

708-485-5080

Daytime Phone #

CR2E081 (9/00)