

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # F01000006005**

1. Entity Name  
**PEAK LIME, INC.**



FILED

05 FEB -3 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8039 HIGHWAY 25  
CALERA, AL 35040**

Mailing Address  
**8039 HIGHWAY 25  
CALERA, AL 35040**

2. Principal Place of Business  
**8035 Hwy. 25**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 128**  
Suite, Apt. #, etc.

City & State  
**Calera, Al.**

City & State  
**Calera, Al.**

Zip  
**35040**

Country

Zip  
**35040**

Country



4. FEI Number  
**48-1252679**

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 32301-2525**

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 *Cynthia L. Harris* **Cynthia L. Harris**  
as its agent

DATE **2/3/05**

(NOTE: Registered Agent signature required when reinstalling)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, 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	<b>C</b> <b>BOYCE, MICHAEL R</b> <b>15700 COLLEGE BLVD., SUITE 101</b> <b>LENEXA, KS 66219</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSCF</b> <b>SICHKO, WILLIAM</b> <b>15700 COLLEGE BLVD., SUITE 101</b> <b>LENEXA, KS 66219</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTCF</b> <b>RANDOLPH, SCOTT</b> <b>15700 COLLEGE BLVD., SUITE 101</b> <b>LENEXA, KS 66219</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOO</b> <b>COOK, CHARLIE</b> <b>8039 HWY 25</b> <b>CALERA, AL 35040</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>CLEMENTS, FRANK J</b> <b>TWO GATEWAY CENTER, 8TH FLR.</b> <b>PITTSBURGH, PA 15222</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>CRIBBS, GREGORY</b> <b>TWO GATEWAY CENTER, 8TH FLR.</b> <b>PITTSBURGH, PA 15222</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *W. J. Siehler* **W. J. Siehler**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/31/05** Daytime Phone # **913-227-0584**