

FILED
Nov 17, 2003 8:00 A.M.
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005735

1. Corporation Name

BOOTH/HANSEN & ASSOCIATES, LTD., INC.

2. Principal Office Address

333 S. Desplaines

Suite, Apt. #, etc.

3. Mailing Office Address

333 S. Desplaines

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60661

Country

US

Zip

60661

Country

US

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2002

5. FEI Number

363060862

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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

REGISTERED AGENT MUST SIGN

Date **11/17/03**

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
D	John C. Stetson	333 S. Desplaines	Chicago, IL 60661
D	George R. Halik	333 S. Desplaines	Chicago, IL 60661
D/P	Lawrence O. Booth	333 S. Desplaines	Chicago, IL 60661
D/S/T	James M. Stevenson	333 S. Desplaines	Chicago, IL 60661
V	William Massey	333 S. Desplaines	Chicago, IL 60661
	See Attached for additional officers		

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 118.07(3)(d), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

312-869-5000

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : COBB & COLE
Account Number : 120030000050
Phone : (386)255-1811
Fax Number : (386)238-7003

CORPORATION REINSTATEMENT

BOOTH/HANSEN & ASSOCIATES, LTD., INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$750.00

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