## 2006 FOR PROFIT CORPORATION REINSTATEMENT

i .	REINSTATEMENT					CII ED					
DOCUMENT # F03000002394					3	FILED					
K2 INDUSTRIAL SERVICES, INC.						2006 OCT - 4 PM 1: 06					
Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE.FLORIDA				
5233 HOHMAN AVENUE HAMMOND, IN 46320		5233 HOHMAN AVENUE HAMMOND, IN 46320					TALLA	HASSE	16.1 10.	(10)	
(17 (19)19) (17)	10000	17.4411101407 114 40320						EBNE BENB NE	<b>as</b> ning isan bis	<b>:                                      </b>	
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09202006 RE	EIN-P	CR2E09	98 (11/05)			
City & State		City & State				4. FFI Number ステークの				plied For t Applicable	
Zip	Country	Zip Coun		try	5. Certificate of Status De				\$8.75 Add Fee Required	litional	
	6. Name and Address of Curren	t Registered Agent			l	7. Name and Addre	ess of New Re				
LEXISNEXIS DOCUMENT SOLUTIONS INC.					Name						
1201 HAYS STREET TALLAHASSEE, FL 32301					Street Address (P.O. Box Number is Not Acceptable)						
TALBY MODEL, I'E 02001				City					T 2 2		
								FL	Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or regis Carteral. Pro Duri la pale of Florida. 1 am familiar with, and accept the obligations of registered agent.											
SIGNATURE Carina L. Linlago Asst. Vice President 10/6/06											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  OATE											
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00											
10.	OFFICERS ANI	D DIRECTORS	11.			ADDITIONS/CHAN	IGES TO OFFI	CEBS AND	DIRECTORS	3 IN 11	
TITLE	PD	Delete	TITLE	P	D,			02.10713	Change	Addition	
NAME	KENNY, PHILIP		MAM	E -	Ted	Hansfield 33 Hohman	4				
STREET ADDRESS CITY-ST-ZIP	414 NORTH ORLEANS CHICAGO, IL 60610			ET ADDRESS -ST-ZIP	52	33 itchma immond	1 AVC	320			
TITLE	VD	<b>⊠</b> Delete	TITLE	E	CE	O Treasure	r Secre	tzery	Change	Addition	
NAME	AMMERMAN, ROBERT		NAM	E	To	hn Maint	a	·			
STREET ADDRESS CITY-ST-ZIP	414 NORTH ORLEANS CHICAGO, IL 60610			ET ADDRESS -ST-ZIP	52:	33 Hohman Immond, I	-N-463	320		!	
TITLE	S	₩ Delete	TITLE	E -	CI	O, ATIT. TI	reasurer,	Secretus	~Change	Addition	
NAME	CURRAN, GERALD	, , , , , , , , , , , , , , , , , , , ,	NAM	É	Ki	ch Benete	H		<u></u>	,	
STREET ADDRESS CITY-ST-ZIP	414 NORTH ORLEANS CHICAGO, IL 60610			ET ADDRESS - ST-ZIP		33 Hohman					
TITLE	TD	<b>Z</b> Delete	TITLE			annond, I		20	Change	Addition	
NAME	JELLINEK, JOHN I	political political property and property an	NAM	IE .	Ro	bert Ammi	erman				
STREET ADDRESS	414 NORTH ORLEANS			ET ADDRESS -ST-ZIP	5-3	133 Hohm	an Ave	<b>n</b> -			
CITY-ST-ZIP	CHICAGO, IL 60610	Defete	IIIL		Dic.	zummand, I	N 463	20	☐ Change	<b>I</b> Addition	
MAME		r-1 Delete	NAM	1					change	y rasman	
STREET ADORESS				ET ADDRESS	25	ohn Hanta 33 Hohma Zammand	a Ave				
CITY-ST-ZIP				-ST-ZIP	H	zonmend,	IN 463	,20	Change	Addition	
TITLE NAME		☐ Defete	TITU				nena		_ ,	Addition	
STREET ADDRESS				EET ADDRESS		10/04/06				OB.	
CITY-ST-ZIP	<u> </u>			'-ST-ZIP				fal			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destura Phone #											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylima Pricing it											

10/6