PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 FEB -9 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200295319912

CR2E081 (11/10)

DOCUMENT # F11000002060

1. Corporation Name

RTC INDUSTRIES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2800 GOLF ROAD	2800 GOLF ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROLLING MEADOWS, IL	City & State: ROLLING MEADOWS, IL
Zip: 60008 / Country	Zip: 60008 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/13/2011

5. FEI Number: 36-2264021 — 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

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: _____ Melissa Zender Date: 2/9/17
REGISTERED AGENT MUST SIGN
Asst. Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NATHAN, RICHARD	2800 GOLF ROAD	ROLLING MEADOWS, IL 60008
VP	PLIZGA, JERRY	2800 GOLF ROAD	ROLLING MEADOWS, IL 60008
S	NATHAN, RICHARD	2800 GOLF ROAD	ROLLING MEADOWS, IL 60008
CFO	BLOOM, KEN	2800 GOLF ROAD	ROLLING MEADOWS, IL 60008

FEB 09 2017
R. HUNT

10. E-mail Address: rtcstates@rtc.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ / Jerry Plizga 01/31/17 847-640-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #