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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** F14000004721

1. Corporation Name

MLE Merchandising & Sign Solutions, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1800 Lunt Avenue		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Elk Grove Village			
Zip	Country	Zip	Country
60007	USA		

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

32301-2525

**FILED**

17 JAN 24 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200294678992

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

11/07/2014

5. FEI Number

20-2157044

Applied For


Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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 1/24/17

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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Michael F Loftus	1800 Lunt Avenue	Elk Grove Village IL 60007
Sec/Tr	Debi Czorniak	1800 Lunt Avenue	Elk Grove Village IL 60007
Dir	Michael F Loftus	1800 Lunt Avenue	Elk Grove Village IL 60007
Dir	Frank Loftus	1800 Lunt Avenue	Elk Grove Village IL 60007
Dir	Debi Czorniak	1800 Lunt Avenue	Elk Grove Village IL 60007

10. E-mail Address: debiczorniak@mleinc.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:**  **Debi Czorniak** 1/23/17 630-422-1790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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FILED

17 JAN 24 AM 11:33

SECRET  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 476347 7880092

AUTHORIZATION :

COST LIMIT : \$ 1,050.00

ORDER DATE : January 23, 2017

ORDER TIME : 9:38 AM

ORDER NO. : 476347-005

CUSTOMER NO: 7880092

REINSTATEMENT

NAME: MLE MERCHANDISING & SIGN  
SOLUTIONS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS \_\_\_\_\_

SECRET

17 JAN 24 AM 11:33

SECRET