PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT Sec			EPARTMENT OF STATE cretary of State no of corporations		1 <b>E</b> .7	DOT 13 PH 2:56	
	UMENT # F15000005	393		i to the state of	A Distriction	promovally (7)	
Cunnir	gham Charter Corporation						
Principal Office Address - No P.O. Box # 3. Mailing Office Address					-		
120 North Main Street 120 North Ma			lain Street	in Street			
Sulte, Apt. #, etc. Suite, Apt. #, etc.						CR2E081 (11/10)	
						porated or Qualified siness in Florida	
City & State City & State					December 5. FEI Numb		Applied For
Anna, IL		Anna, IL			37-1396961 Not Applicable		
Zip 62906	USA	62906	USA 6.		6. CERTIFICA		5 Additional Fee requires or a Certificate of Status
	7. Name and Addres	s of Current Register	od Agent		1	· · · · · · · · · · · · · · · · · · ·	e Received
	oration Service Compan						
Street Address (P.O. Box Number is Not Acceptable)  1201 Hays Street Suite, Apt. #, Etc.					700281266287		
City Tallal	hassee	State FL	Zip Code 32301		the state of the s		
8. I, being	appointed the registered agent of the	above named corporat	ion, am familiar wit	th and accept the c	obligations of sect	ion 607.0505 or 617.0503, F.S.	
Signature Registered		REGISTERED AGEN	T MUST SIGN A	Melissa Z	ender	Date DIC	طالا
9 Name	s and Street Addresses of Each Officer			***************************************			
Titles Name of Street Address of Each							
	Officers and/or Directors		Offic	Officer and/or Director		City / State / Zip	
Pres.	William R. Cunning	120 North Main Street		Anna, IL 62906			
Sec.	Shavonna Shiple	120 North Main Street		eet	Anna, IL 62906		
			-, · · · · · · · · · · · · · · · · · · ·				
						S. HAM	VKES
	REINSTA	TEMI	ENT			0CT <b>1</b>	4 A.M.
	2016-					S. HAM OCT I EXAMIN	IER
<sup>0.</sup> E-ma	il Address: sshipley@cunn	inghamcoupons					
			LIG DE USEC for	future annual report	ngtilication)		

Daytime Phone #"---

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 330850 5125287 AUTHORIZATION COST LIMIT : \$ 750.00 ORDER DATE: October 14, 2016 ORDER TIME: 12:36 PM ORDER NO. : 330850-005 CUSTOMER NO: 5125287

## REINSTATEMENT

NAME: CUNNINGHAM CHARTER CORPORATION

XX REINSTATEMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS