

2003000033611

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000915

1. Corporation Name

FAULTLESS STARCH / BON AMI COMPANY

REINSTATEMENT

02-03

100023402131
09/29/03--01071--010 **750.00

100023402131
12/08/03--01085--013 **150.00

2. Principal Office Address

1025 W. 8th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1025 W. 8th STREET

Suite, Apt. #, etc.

City & State

KANSAS CITY, MO

City & State

KANSAS CITY, MO

Zip

64101

Country

USA

Zip

64101

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1974

5. FEI Number

44-0243890

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

CT CORPORATION System

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

John J. L... A.S.T. V.P.
REGISTERED AGENT MUST SIGN

Date 11/03/2003

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
C	BEAHAM, GORDON T III	5757 WINDSOR	SHAWNEE MISSION, KS
P	BEAHAM, DAVID	6035 CHEREOKE DR	FAIRWAY, KANSAS 66205
T	BEAHAM, ROBERT	3806 W. 57th TERRACE	MISSION, KANSAS 66205
D	KOHLER, ALFRED C	4207 W. 54th TERRACE	SHAWNEE MISSION, KS 66205
VD	HAMPSHIRE, ADRIAN J	16411 E. DEBRA STREET	INDEPENDENCE, MO
D	BEAHAM, NANCY	5767 WINDSOR CIR	SHAWNEE MISSION, KS 66205

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 119.07(3)(i), 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:

David Beahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/03
Date

(816) 842-1230
Daytime Phone #

CR2E081 (10/02)