PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001990

1. Corporation Name

Certified Systems of Texas, Inc

2. Principal Office Address	3. Mailing Office Address
3250 Lacey Road	3250 Lacey Road
Suite, Apt. #, etc. 600	Suite, Apt. #, etc. 600
City & State Downers Grove, IL	City & State Downers Grove, IL
Zip 60515 Country USA	Zip 60515 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/27/1993

5. FEI Number 752399266 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 333-24

REINSTATEMENT

0205

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Beverlee Stuewe Assistant Secretary — REGISTERED AGENT MUST SIGN

Date: 4/4/05

CR2E081 (01/06)

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.	Randall L. Corley	3250 Lacey Road, Suite 600	Downers Grove, IL 60515
Sec.	Sandra L. Geoman	3250 Lacey Road, Suite 600	Downers Grove, IL 60515

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: Sandra L. Geoman 3/23/05 6306623044

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

Florida Department of State
Division of Corporations
Public Access System

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Thanks!
Jennifer

CORPORATION REINSTATEMENT

CERTIFIED SYSTEMS OF TEXAS, INC.

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