

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 MAR -8 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 9400 0000 486

1. Corporation Name

ALEWITE CORPORATION

000003172077--7
-03/18/00--01025--014
****900.00 ****900.00

2. Principal Office Address

5750 West Bloomingdale

Suite, Apt. #, etc.

City & State

CHICAGO, IL

Zip

60639

Country

USA

3. Mailing Office Address

5750 West Bloomingdale

Suite, Apt. #, etc.

City & State

CHICAGO, IL

Zip

60639

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

2-1-94

5. FEI Number

36-3902424

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

THE PRENTICE HALL CORPORATION SYSTEM, INC

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

1201 NARS STREET

Suite, Apt. #, Etc.

SUITE 105

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 Mu J. Winterton, ASST. SECRETARY
REGISTERED AGENT MUST SIGN

Date 3/7/00

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
DIR	MICHAEL O'NEIL	5750 West Bloomingdale	CHICAGO, IL 60639
S/T	GEORGE ASIMAKOPOULOS	5750 West Bloomingdale	CHICAGO, IL 60639

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:

George Asimakopoulos 3/6/00 (773) 237-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)