PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 NOV 17 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004500**

1. Corporation Name
CKH, INC.

Principal Place of Business
31 W. 007 NORTH AVE.
SUITE 200
W. CHICAGO IL 60185

Mailing Address
31 W. 007 NORTH AVE.
SUITE 200
W. CHICAGO IL 60185

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/30/1994

5. FEI Number: 36-3972150 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	WINNER, JAMES E JR.	32 W. STATE ST.	SHARON PA 16146
DV	DUBOSE, PIERRE W III	31 W 007 NORTH AVE., STE. 200	W. CHICAGO IL 60185
D	DUNCAN, MARK	31 W 007 NORTH AVE., STE. 200	W. CHICAGO IL 60185
DS	HORNBOSTEL, JOHN F JR.	32 W. STATE ST.	SHARON PA 16146
DT	MCCANDLESS, JEFFREY A	32 W. STATE ST.	SHARON PA 16146
V	VRANEK, KENNETH JR.	31 W 007 NORTH AVE., STE. 200	CHICAGO IL 60185

8. Name and Address of Current Registered Agent
CORPAMERICA, INC.
1525 S. ANDREWS AVE., SUITE 216
FT. LAUDERDALE FL 33316

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

400002352144--2
-11/19/97--01089--010
****750.00 ****750.00

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Barbara A. Fulbert, Asst. Sec.
REGISTERED AGENT MUST SIGN
Date: 11/3/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [signature] MARK DUNCAN 11/12/97 630-876-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #