Δ₽	PLEASE REAL		TRUCTIONS A DEPARTMEN			ING THIS FORM.		
FOR			Katherine Ha	ırris	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
REIN	NSTATEMENT	/ISION OF CORPORATIONS						
DOCUMENT # F9400004500 1. Corporation Name					99 NOV - 1 PM 4: 36			
CKH,	INC.							
Principal I	Place of Business	Malling Add	ress					
2020 DEAN ST 2020 D					INDIALI	Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î		
	ILES IL 60174		CT CHADLES IL ANITA			A second was deep and a second		
US If above	addresses are incorrect in any way, line	US through incorrect i	information and enter (correction below.	E1149 I	ATEMENT	_	
	rincipal Office Address, If Applicable	To Do		4. Date Incorp To Do Bush	orporated or Qualified usiness in Florida 08/30/1994			
			ulte, Apt. #, etc.				Applied For	
City & State Zip Country			City & State Zip Country		6.	\$8.75_A-	Not Applicable	
·				· 	<u></u>	E OF STATUS DESIRED []	a phospholic of Status	
	s and Street Addresses of Each Officers Name of Officers	ind/or Director (Fi	Str	eet Address of Each		1		
Title(s)	and/or Directors		Officer and/or Director		City / State / Zip			
DP	WINNER, JAMES E JR.		32 W. STATE ST.		SHARON PA 16146			
DV	DUBOSE, PIERRE W IN		2020 DEAN ST, UNIT D-1		ST CHARLES IL 80174			
D	DUNCAN, MARK		2020 DEAN ST, UNIT D-1		ST CHARLES IL 60174			
DS	DS HORNBOSTEL, JOHN F JR.		32 W. STATE ST.			SHARON PA 16146		
		·		·	2	000030397	821 005004	
						****750.00	****750.00	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
CORPAMERICA, INC.					P.O. Box Number is Not Acceptable)			
1525 S. ANDREWS AVE., SUITE 218 FT. LAUDERDALE FL 33316				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apl. #, Etc.				
\sim \sim \sim				City State Zip Code				
10 L bei	ing appointed the registered agent of the		Sozetion, em familiar w	l	hilinations of Sant	FL		
Signature Registere	of 6	MIC		**************************************		Date 10/28/99		
this re	ify that I am an officer or director or the n sinstatement application, the reason for of by the corporation have been paid and	eceiver or trustee a	empowered to execute n eliminated, the corpo	orate name satisfies	the requirements	of section 607.0401 or 617.0401,	F.S., that all fees	
	s application is true and accurate, and m					an mount troubleship too me	(AD	
		in			101	-loo 404.00	13-6220	
SIGNA	TURE SMINATURE AND TYPED OR	PRINTED NAME OF	SIGNING OFFICER OR	DIRECTOR	10/6		Phone #	