


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
05 FEB 14 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005862--

1. Corporation Name
LMF Holdings Incorporated

2. Principal Office Address 333 Pierce Road Suite, Apt. #, etc. Suite 370 City & State Itasca, Illinois Zip 60143 Country USA		3. Mailing Office Address 333 Pierce Road Suite, Apt. #, etc. Suite 370 City & State Itasca, Illinois Zip 60143 Country USA	
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REINSTATEMENT 01-05

4. Date Incorporated or Qualified To Do Business in Florida 11/14/94	
5. FEI Number 36-3947012	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 South 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 Connie Bryan Special Asst. Sec. Date 2-14-05

REGISTERED AGENT MUST SIGN

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
D/T	Glenn R.-Hacker	333 Pierce Road, Suite 370	Itasca, Illinois 60143
D/S	Patricia A.-Hoffman	333 Pierce Road, Suite 370	Itasca, Illinois 60143
V	Paul W.-Cavanaugh	3000 Marconi Drive	Warrendale, Pennsylvania 15086
V	James L. Karam	3000 Marconi Drive	Warrendale, Pennsylvania 15086
000047346950 02/28/05 01004 023 **1350.00			

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: Patricia A. Hoffman Patricia A. Hoffman 2/11/05 (630) 285-5303

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

CR-2001 (01/05)