

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherin Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 15 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006466

1. Corporation Name

BENEFICIAL SYSTEMS DEVELOPMENT CORPORATION

2. Principal Office Address

2700 Sanders Road

Suite, Apt. #, etc.

City & State

Prospect Heights, IL

Zip

60070

Country

U.S.A.

3. Mailing Office Address:

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/19/94

5. FEI Number

51-0362887

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

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

800004287408-3
-05/22/01--01074--007

******900.00 ****900.00**

LS

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 CONNIE BRYAN
REGISTERED AGENT MASS GRANT SECRETARY**

Date **5/15/01**

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./ Dir. | G. D. Gilmer | 2700 Sanders Road | Prospect Heights, IL 60070 |
| V.P./ Dir. | M. A. DeLuca | | |
| Dir. | J. A. Vozar | | |
| Secy. | K. K. Curtin | | |
| Treas. | B. B. Moss, Jr. | | |
| Asst. Secy. | J. M. Angelo | | |

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:

Joseph M. Angelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Angelo

5/9/01
Date

847-564-6058
Daytime Phone #

CR2E081 (9/00)