

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000006330

1. Corporation Name

ARC ADVANTAGE, INC.

Principal Place of Business

Mailing Address

100 TRI-STATE INTERNATIONAL
300
LINCOLNSHIRE IL 60069
US

100 TRI-STATE INTERNATIONAL
300
LINCOLNSHIRE IL 60069
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1995

5. FEI Number

36-4055056

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
DCP DIC	KANE, LARRY HIPP, RAYMOND	100 TRI-STATE INTERNATIONAL #300 100 TRI-STATE INTERNATIONAL #300	LINCOLNSHIRE IL LINCOLNSHIRE, IL 60069
D D	MASINI, SILVIA PURCELL, STEVEN	100 TRI-STATE INTERNATIONAL #300 100 TRI-STATE INTERNATIONAL #300	LINCOLNSHIRE IL LINCOLNSHIRE, IL 60069
D DIP	LAMERS, BRAD CARLSON, ROBERT	100 TRI-STATE INTERNATIONAL #300 100 TRI-STATE INTERNATIONAL #300	LINCOLNSHIRE IL LINCOLNSHIRE, IL 60069
VST VISIT	CARLSON, ROBERT LAMERS, BRADLEY	100 TRI-STATE INTERNATIONAL #300 100 TRI-STATE INTERNATIONAL #300	LINCOLNSHIRE IL LINCOLNSHIRE, IL 60069
			500002699015--5 -12/01/98-01060-022 ****50.00 ****50.00
			500002699015--5 -12/01/98-01060-021 ****708.75 ****708.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

REINSTATEMENT

Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

James M. Halpern
REGISTERED AGENT MUST SIGN

Date 11/23/98

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:

Bradley Lamers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(347)317-1000