

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -3 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000314

1. Corporation Name

MOA-TL CORP.

Principal Place of Business

701 LEE STREET, SUITE #1000
DES PLAINES IL 60016

Mailing Address

701 LEE STREET, SUITE #1000
DES PLAINES IL 60016

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

01/18/1996

5. FEI Number

36-4057019

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
SECRETARY SUPD	Blane P Evans	4550 W 150 th ST. Midlothian IL	3000003480883--9 -11/30/00/SP1023--008 ***750.00 ***750.00 60445
CO CFO	MUELLER, KURT M	1009 ASHLAND	WILMETTE IL 60091
VP	Lawrence Lopater	18 Whitewood, So	North Hills, NY 11576
VPAS			
PCD			
AS	BORY, JUDITH A	65-50 ADMIRAL AVENUE	MIDDLE VILLAGE NY 11379

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. Halpin
James M. Halpin
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date

OCTOBER 30, 2000

11. 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:

Blane P. Evans
Blane P. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/00 847)803-1200
Date Daytime Phone #