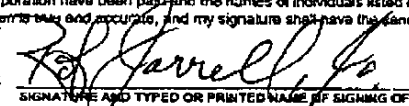


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 DEC -6 PM 1:01 TALLAHASSEE, FLORIDA	
DOCUMENT # F96000002710 1. Corporation Name BVA CO-OP, INC.					
2. Principal Office Address 415 West Golf Rd. Suite, Apt. #, etc. Suite 63 City & State Arlington Hts., IL Zip 60005 Country Cook		3. Mailing Office Address 415 W. Golf Rd. Suite, Apt. #, etc. Suite 63 City & State Arlington Hts., IL Zip 60005 Country Cook		REINSTATEMENT CR2E081 (12/05)	
4. Date Incorporated or Qualified To Be Completed by Filer				5. FEI Number 36-2706087	
6. CERTIFICATE OF STATUS DESIRED				Applied For Not Applicable	
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  James M. Halpin Assistant Secretary Date 12/5/2006 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
SEE ATTACHED SHEET FOR OFFICERS AND DIRECTORS					
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 contained in Chapter 119, 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: 		Rob Jarrell, Jr. President		847-673-4555 Date Daytime Phone #	

BVA CO-OP, INC. - OFFICERS AND DIRECTORS
2006**OFFICERS**

<u>Name</u>	<u>Title</u>	<u>Address</u>
ROB JARRELL, JR.	President	415 West Golf Road – Suite 63 Arlington Hts., IL 60005
LOU LANGDON	Vice President	"
RICHARD HAWKINS	Secretary	"
JIM BRINTON	Treasurer	"

DIRECTORS

AARON SPEAGLE	"
ROBERT FRIEDMAN	"
DENNIS THORNTON	"
ROB JARRELL, JR.	"
MATTHEW MARSH	"
LOU LANGDON	"
JIM BRINTON	"
RICHARD HAWKINS	"
RANDY COLEY	"
MARK HESCH	"
KEN FROHLICH	"

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

BVA CO-OP, INC.

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