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.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
415 West Golf Rd.	415 W. Golf Rd.
Suite, Apt. #, etc. Suite 63	Suite, Apt. #, etc. Suite 63
City & State Arlington Hts., IL	City & State Arlington Hts., IL
Zip 60005 Country Cook	Zip 60005 Country Cook

4. Date Incorporated or Qualified (To Be Business Just Reinstated) 5/30/96

5. FEI Number 36-2706087 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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)

Titles	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. Rob Jarrell, Jr. President Date 847-673-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

H10 - 01/04/2006 CT System Online

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

OFFICERS

Name	Title	Address
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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