

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 28 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F97000001529

1. Corporation Name

LAKIN GENERAL CORPORATION

**REINSTATEMENT**

00-03

SU0015443245

04/08/03--01001--016 \*\*420.00

2. Principal Office Address

2044 N. DOMINICK ST

Suite, Apt. #, etc.

3. Mailing Office Address

2044 N. DOMINICK ST

Suite, Apt. #, etc.

City & State

CHICAGO, ILLINOIS

Zip

60614

Country

USA

City & State

CHICAGO, ILLINOIS

Zip

60614

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

36-4123019

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

Date 3/31/03

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
P	LAKIN KENNETH	D	1566 WEDGEWOOD DR	LAKE FOREST, IL 60045
V	GUST RICHARD	D	158 EXMOOR	GLEN ELLYN, IL 60137
ST	GRAMMER ROBERT	T	1636 N. ORCHARD ST # 3	CHICAGO, IL 60614
DC	LAKIN, LEWIS	D	401 N. MAYFLOWER RD	LAKE FOREST, IL 60045

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

(773) 871 9633

Daytime Phone #

CR2E081 (10/02)

gs 4/29