1952

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 DEC 17 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # F98000000923

1. Corporation Name

LSC Florida Corp.

Liberty Service Corporation of Florida

REINSTATEMENT 00-01

2. Principal Office Address		**3.** Mailing Office Address	
3031 W. Grand Blvd.		3031 W. Grand Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 525		Suite 525	
City & State		City & State	
Detroit, MI		Detroit, MI	
Zip	Country	Zip	Country
48202	USA	48202	USA

4. Date Incorporated or Qualified To Do Business in Florida 1/7/98

5. FEI Number 59-3490847 ☐ 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

500004729645--9

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Laura D. Mudra — REGISTERED AGENT MUST SIGN — Date: 12-13-01

CR2E081 (9/00)

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
Pres.	Allen Siverls	3031 W. Grand Blvd., #525	Detroit, MI 48202
Sec'y	Allen Siverls	3031 W. Grand Blvd., #525	Detroit, MI 48202
V.P.	James LaDeaucier	3031 W. Grand Blvd., #525	Detroit, MI 48202
Asst.	Mark T. Kindelin	10 S. Wacker Drive, #4000	Chicago, IL 60606
Dir.	Allen Siverls	3031 W. Grand Blvd., #525	Detroit, MI 48202
Dir.	James LaDeaucier	3031 W. Grand Blvd., #525	Detroit, MI 48202

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: Mark T. Kindelin/Asst. Sec'y — 12/12/01 — 312-715-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

282

ACCOUNT NO. : 072100000032

REFERENCE : 359734 4320611

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.000

ORDER DATE : December 13, 2001

ORDER TIME : 2:21 PM

ORDER NO. : 359734-005

CUSTOMER NO: 4320611

CUSTOMER: Janell G. Nelsen, Legal Asst
Altheimer & Gray
Suite 4000
10 South Wacker Drive
Chicago, IL 60606

RECEIVED
01 DEC 17 PM 4:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: LSC FLORIDA CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____