

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 20 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000001189

1. Corporation Name

Metro Tech Service Corp.  
1325 Remington Rd. Suite V  
Schaumburg, IL 60173

2. Principal Office Address

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1701 E. Lake Ave. #360

Suite, Apt. #, etc.

City & State

Glenview, IL

Zip

Country

60025

USA

REINSTATEMENT 01-04

600036960066

05/20/04-01036--014 \*\*1200.00

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 1998

5. FEI Number

36-3659473

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

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

*J.M. Halpin*

James M. Halpin

Date

5-18-04

REGISTERED AGENT MUST SIGN Assistant Secretary

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.	MARK B. REEDY	1701 E. Lake Ave. #360	Glenview, IL 60025
V.P.	Thomas W. REEDY	"	"
Sec'y	COLEEN REEDY	"	"

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:

*CRP*, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-04

Date

847-729-9450

Daytime Phone #

CR2001 (01/04)