

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000003004

1. Corporation Name

BAKER ARMSTRONG, INC.

Principal Place of Business

401 NORTH MICHIGAN AVE., SUITE 1200
CHICAGO IL 60646

Mailing Address

401 NORTH MICHIGAN AVE., SUITE 1200
CHICAGO IL 60646

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

20 N. Wacker Dr
Suite 1360

3. New Mailing Office Address, If Applicable

PO Box 46096

City & State

Chicago Illinois
Zip 60606 Country

City & State

Chicago Illinois
Zip 60646 Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1998

5. FEI Number

36-4185396

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDST	MORRIS, KEITH P	401 NORTH MICHIGAN AVE., SUITE 1 20 N. Wacker Dr, Suite 1360	CHICAGO IL 60646 Chicago, IL 60606

REINSTATEMENT

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100003068511-8
12/13/99--01136--007
TS ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Keith P. Morris

Date 11/24/99

REGISTERED AGENT MUST SIGN

11. 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:

Keith P. Morris Keith P. Morris

11/19/99

Date

Daytime Phone #