PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 10 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001341

1. Corporation Name

AIPC SALES CO.

Principal Place of Business	Mailing Address
4100 N MULBERRY DR STE 200 KANSAS CITY MO 64116 US	4100 N MULBERRY DR STE 200 KANSAS CITY MO 64116 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 03/10/1999

5. FEI Number 43-1841448 ☐ 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
C	SCHROEDER, HORST W	~~10401 WILLIAM HILTON PKWY~~ 1040 William Hilton Pkwy	~~HILTON HEAD ISLAND SC 29928~~ Hilton Head Island SC 29928
VCP	WEBSTER, TIMOTHY S	~~1000 ITALIAN WAY~~ 4100 N. Mulberry Suite 200	~~EXCELSIOR SPRINGS MO 64024~~ KCMO 64116
VD	SCHMIDGALL, WARREN B	~~1000 ITALIAN WAY~~ 4100 N. Mulberry Suite 200	~~EXCELSIOR SPRINGS MO 64024~~ KCMO 64116
ST	WATSON, DAVID E	~~1000 ITALIAN WAY~~ 4100 N. Mulberry Suite 200	~~EXCELSIOR SPRINGS MO 64024~~ KCMO 64116
		100013T37TT1 03/10/03--01085--023 **900.00	
		REINSTATEMENT 02-03	

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 3/3/2003

REGISTERED AGENT MUST SIGN Jonathan L. Miles, Asst. Secy.

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: SIGNATURE REQUIRED 2/24/03 816584-5241

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