Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Thanks

CORPORATION REINSTATEMENT

IMACX, INC.

Certificate of Status	0
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Page Count	03 32
Estimated Charge	$1,050.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 12 PM 2:50

DOCUMENT # F99000001472

1. Corporation Name

Imacx, Inc.

KS

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
209 S. LaSalle Street	209 S. LaSalle Street
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Chicago, IL	City & State: Chicago, IL
Zip: 60604 Country: USA	Zip: 60604 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 3/18/99

5. FEI Number: 411929210 ☐ 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:

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Anthony LiCausi Anthony LiCausi Vice President Date: 6-12-09
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
D	Nancie J. Arvin	209 S. LaSalle Street Suite 300	Chicago, IL 60604
D	Patricia M. Child	Same as above	Same as above
D	Melissa A. Rosal	Same as above	Same as above
O	Julia Linian	Same as above	Same as above
O	Erika Forshtay	Same as above	Same as above
O	Mary Ann Turbak	Same as above	Same as above

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 contained in Chapter 119, 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: Patricia M. Child Patricia M. Child PRESIDENT 6/10/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #