

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 29 AM 8:00

DOCUMENT # **G91782**

1. Corporation Name

Mechanical Controls Corporation

1354 Clifford Avenue
Loves Park, Illinois

2. Principal Office Address

1354 Clifford Avenue

Suite, Apt. #, etc.

City & State

Loves Park, Illinois

Zip

61132

Country

USA

3. Mailing Office Address

Loves Park, Illinois

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02-04
MRS

100039693661
07/29/04--01042--016 **1058.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/19/1984

5. FEI Number

59-2386240

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

C T 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

Judith B. Argao

**Judith B. Argao
Asst. Secretary & V. President**

Date

7/21/04

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
VP/S	Timothy J. Dolan	1701 Byrd Avenue	Richmond, Virginia 23230
VP	Paul G. Schuler	1354 Clifford Avenue	Loves Park, Illinois 61132
Treas.	Brent Schultz	1354 Clifford Avenue	Loves Park, Illinois 61132

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 2004

Date

(804) 756-6544

Daytime Phone #

CR2E081 (01/04)