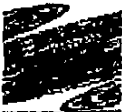


OCT. 27. 2003. 9:46AM CORPORATION SVC CO

NO. 659 P. 2
H03000304278 3

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 27 AM 11:10

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M84150			
1. Corporation Name DiMucci Building Corporation of Florida, Inc.			
2. Principal Office Address 285 West Dundee Road Suite, Apt. #, etc.		3. Mailing Office Address 285 West Dundee Road Suite, Apt. #, etc.	
City & State Palatine, Illinois		City & State Palatine, Illinois	
Zip 60074	Country USA	Zip 60074	Country USA

REINSTATEMENT 96-03

4. Date Incorporated or Qualified To Do Business in Florida 6/7/1988	
5. Fed Number 36-3585756	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ SA75 Address of agent must be in U.S.	

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Rayn Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
Zip Code 32301	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent Laura D. Mudra **Date** 10/24/03

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
DPTS	Anthony P. DiMucci	285 West Dundee Road	Palatine, Illinois 60074

10. I certify that I am an officer or director or the incorporator 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 118.07(3)(f), 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] **Date** 10/24/03 **Daytime Phone #** 847-991-4406

SIGNATURE AND TYPEFOLD PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida Department of State
Division of Corporations
Public Access System

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(((H03000304278 3)))

KBM

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To:

Division of Corporations
 Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850) 521-1000
 Fax Number : (850) 521-1030

CORPORATION REINSTATEMENT

DIMUCCI BUILDING CORPORATION OF FLORIDA, INC.

Certificate of Status	0
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