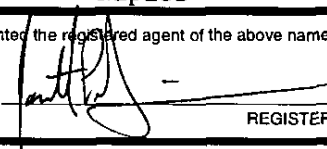


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 AUG - 6 PM 2:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P02000081153 1. Corporation Name LASCO, INC.				
2. Principal Office Address 6473 STANDING OAKS LANE Suite, Apt. #, etc.		3. Mailing Office Address 883 CHIMNEY ROCK Suite, Apt. #, etc.		
City & State NAPLES, FLORIDA		City & State INVERNESS, ILLINOIS		
Zip 34119	Country USA	Zip 60067	Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida JULY 25, 2002		
		5. FEI Number 14-1840032	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 Jon Ihrig				
Street Address (P.O. Box Number is Not Acceptable) 6473 Standing Oaks Lane				
Suite, Apt. #, Etc.				
City Naples		State FL	Zip Code 34119	
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 		Date 8.2.04		
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	
Pres.	Ty Park	883 Chimney Rock	Inverness, Illinois 60067	
Sec.				
Treas	Ty Park	883 Chimney Rock	Inverness, Illinois 60067	
Director				
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: 		TY PARK	7/20/04 (847) 922-9489	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E081 (01/04)