

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM *Page 1 of 3*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -6 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18762

1. Corporation Name

A. Lakin & Sons, Inc.

2. Principal Office Address

2044 N. Dominick Street

Suite, Apt. #, etc.

City & State

Chicago, Illinois

Zip

60614

Country

USA

3. Mailing Office Address

2044 N. Dominick Street

Suite, Apt. #, etc.

City & State

Chicago, Illinois

Zip

60614

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/88

5. FEI Number

36-3338340

☒

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays 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 617.0503, F.S.

Signature of
Registered Agent

Lana R. De...

Date

12-6-00

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
	See Attached Exhibit "A"		

REINSTATEMENT 95-00 TS

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]

Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/00

(773) 871-9635

Daytime Phone #

P18762

Page 2 of 3

EXHIBIT "A"
TO
FLORIDA REINSTATEMENT APPLICATION
FOR
A. LAKIN & SONS, INC.

<u>OFFICE(S)</u>	<u>NAME</u>	<u>ADDRESS</u>
Chairman of the Board	Lewis G. Lakin	2044 N. Dominick Street Chicago, IL 60614
President	Kenneth Lakin	2044 N. Dominick Street Chicago, IL 60614
Vice President	Richard Gust	2044 N. Dominick Street Chicago, IL 60614
Secretary	Robert Grammer	2044 N. Dominick Street Chicago, IL 60614
Treasurer	Robert Grammer	2044 N. Dominick Street Chicago, IL 60614
Director	Lewis G. Lakin	2044 N. Dominick Street Chicago, IL 60614

P18762

PA9C3a/B



ACCOUNT NO. : 072100000032

REFERENCE : 921210 4804661

AUTHORIZATION :

COST LIMIT : \$ 1500.00

Patricia Pzyt

ORDER DATE : December 6, 2000

ORDER TIME : 11:13 AM

ORDER NO. : 921210-005

CUSTOMER NO: 4804661

CUSTOMER: Julie Lamprecht, Legal Asst
Schwartz & Freeman
Suite 1900
401 North Michigan Avenue
Chicago, IL 60611-4206

DOMESTIC FILINGS

NAME: A. LAKIN & SONS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
00 DEC -6 PM 12:05
DIVISION OF CORPORATION