

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 17 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29382

1. Corporation Name

ASCHE TRANSFER, INC.

Principal Place of Business

Mailing Address

10214 N. MT. VERNON RD.
SHANNON IL 6107810214 N. MT. VERNON RD.
SHANNON IL 61078

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1990

5. FEI Number

36-3295961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ASCHE, LARRY L.	10214 N. MT. VERNON RD.	SHANNON IL
VD	CLARK, KEVIN M.	10214 N. MT. VERNON RD.	SHANNON IL
STD	ASCHE, DIANE	10214 N. MT. VERNON RD.	SHANNON IL
VP- Finance	MONACHOS, LEON	10214 N. Mt. Vernon Rd.	SHANNON, IL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered AgentKaren B. Rozar, Asst. Sec.
Corporation Service Company

Date 12-16-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☐ No ☐(See other side for information
on intangible tax.)

12. 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 064003 4805290

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 750.00

ORDER DATE : December 14, 1998

ORDER TIME : 8:58 AM

ORDER NO. : 064003-015

CUSTOMER NO: 4805290

CUSTOMER: Deborah K. Openshaw, Paralegal
SACHNOFF & WEAVER, LTD.
SACHNOFF & WEAVER, LTD.
Suite 2900
30 South Wacker Drive
Chicago, IL 60606

REINSTATEMENT

NAME: ASCHE TRANSFER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KAREN ROZAR

EXAMINER'S INITIALS: _____