FLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION -FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P3222

1 Corporation Name

| VietNow National HEADQUARTERS, INC. | | | | | | SEGRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
|---|--|--|----------------------------------|-------------------|--|--|---|-----------------------------------|--|--|
| Principal Place of Business Mailing Address | | | | | | 1 | | | | |
| 1835 BROADWAY ROCKFORD, IL 61104 If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | | REINSTATEWENT96-97 | | | | |
| 1 | | | ng Office Address, If Applicable | | | Date Incorporated or Qualified To Do Business in Florida | | | | |
| Suite, Apt. #. etc Suite, Apt. # | | | , etc. | | | 12-18-90 5. FEI Number Applied For | | | | |
| City & State City & St | | |) | | | 36-3420947 Not Applicable | | | | |
| Zip | Country Z _I p | | Country | | y 6. CERTIFICAT | | E OF STATUS DESIRED S 58.75 Additional Fee required for a Certificate of Status | | | |
| 7. Names a | and Street Addresses of Each Officer and Name of Officers | /or Director (Flo | rida nonprofit d | · | s must list at le Address of Eac | | I | | | |
| Title(s) | and/or Directors | Officer and/or Director 3 (Do NOT Use Rosa officer book Number | | | Numbers) 30 | 1001030 00021 7555 336 | | | | |
| Pres. | Rich Sanders | | 1811 | Hicko | ory Lan | e | Dixon, | Illinoi | s 61021 | |
| V-Pres. Fred Myers | | | 204 Cleveland | | | Downs, | Illinoi | s 61736 | | |
| Secty | ty. Jim Stepanek | | | 27W045 Vale Road | | | West Chicago, IL 60185 | | | |
| Treas | Edward Banach, | 3021 John Street | | | Easton, PA 18045 | | | | | |
| Dir. | Herb Holderman | 1621 Pine Street | | | | Sycamore, IL 60178 | | | | |
| Dir. Dir. | Al Katte Joseph Lewis | 2904 Lundgren Road 22404 West Route 20 | | | | Pecatonica, IL 61063 Marengo, IL 60152 | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | | | |
| The Prentic-Hall Corproation System 1201 Hays St., Suite 105 Tallahassee, FL. 32301 | | | | s | Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. | | | | | |
| | | | | | ity Ta | Tallahassee State Zip Code FL 32301 | | | | |
| 10. 1, being Signature of Registered | Agent AULLUNCES AU 38 | | | | nd accept the o | bligations of Secti | on 607.0505, F.S | | | |
| 11. Do De | pes this corporation pay ept. of Revenue under S. | any intang 199.032, | ible tax t Florida S | to the Statute | s. Yes | □ No [| | See other side fo on intangibl | | |
| | that I am an officer as disenter as the same | ivor ar tructus as | annered to a | and this | analisation | neaddad for in -t- | -1 207 047 | E C. 1 & Land | 42. 44. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4 | |

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 \$19.07(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 AND TYPED DAPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Sanders

2/19/97 815/227-5100

Daytim

FILED

97 MAY 15 AM 10: 08

Daytime Phone #



072100000032 ACCOUNT NO. :

REFERENCE :

392100

AUTHORIZATION :

COST LIMIT :

\$ 507,00 306,25

May 14, 1997 ORDER DATE :

ORDER TIME :

4:42 PM

ORDER NO. :

392100-005

CUSTOMER NO:

7106304

CUSTOMER:

Diane Stine, Legal Asst COPILEVITZ & CANTER

Suite 400

423 W. Eighth Street

Kansas City, MO 64105-2100

DOMESTIC FILING

NAME:

VIETNOW NATIONAL

EFFECTIVE DATE:

| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP | RE 97 MA |
|--|--------------|
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | ECE NOF C |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | NH 8: |
| CONTACT PERSON: Christopher Smith | St. |