

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 1:48

DOCUMENT # P38573

1. Corporation Name

DYNAGEAR, INC.

Principal Place of Business

Mailing Address

2500 CURTISS STREET
DOWNERS GROVE IL 60515

2500 CURTISS STREET
DOWNERS GROVE IL 60515

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

04/27/1992

5. FEI Number

30-2844493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375. 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	4 City / State / Zip
P	BLASHILL, THOMAS	2500 CURTISS ST.	DOWNERS GROVE IL 60515
CD	GREEN, ROBERT L	2500 CURTISS ST.	DOWNERS GROVE IL 60515
ST	GREEN, PENNY	2500 CURTISS ST.	DOWNERS GROVE IL 60515
VP	MCCANN, RAYMOND	2500 CURTISS STREET	DOWNERS GROVE IL 60515
D	GREEN, GAYLE	2500 CURTISS STREET	DOWNERS GROVE IL 60515
D	NAIR, LOU	2500 CURTISS STREET	DOWNERS GROVE IL 60515

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

400003046524--5

11/17/99 01003 011

****750.00 ****750.00

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 Agent

REGISTERED AGENT MUST SIGN

Date 10-27-99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/99

Date

630-969-1008

Daytime Phone #