PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary en State

DIVISION OF CORPORATIONS

| D | O | С | U | ١ | N | Ε | Ν | IT | # |
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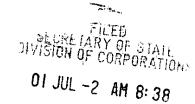
P38573

1. Corporation Name

DYNAGEAR, INC.

Principal Place of Business

Mailing Address



| 2500 CURTISS STREET 2500 CURTIS DOWNERS GROVE IL 60515 DOWNERS G | | | GROVE IL 60 | | | | | | | | |
|--|-----------------------------------|--|------------------|------------------------------------|--|------------------------------------|--------------------------------|---------------|---|--|--|
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | | | atemen | T | | | |
| New Principal Office Address, If Applicable 3. New Mailin | | | ng Office Ad | ddress, If Applicable | 4. Date incorporated of Qualified To Do Business in Florida 04/27/1992 | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | Suite, Apt. #, | etc. | | 5. FEI Number | | | Applied For | | |
| -City & State City & St | | | _City & State_ | - 7= | | 36-2844493 | | | | | |
| Zip | p Country Zip | | Zip | | Country | 6. CERTIFICAT | E OF STATUS DESIRED | | ional Fee required ificate of Status | | |
| 7. Names a | and Street Ad | dresses of Each Officer and/ | or Director (Flo | rida nonpro | fit corporations must list at le | east 3 directors) | | | | | |
| Title(s) | Name of Officers and/or Directors | | | 3 | Street Address of Eac Officer and/or Directo | | City / State / Zip | | | | |
| P | BLASHILL, THOMAS | | | 2500 CI | URTISS ST. | | DOWNERS GROVE IL 60515 | | | | |
| CD | GREEN, ROBERT L | | | 2500 CI | URTISS ST. | | DOWNERS GROVE IL 60515 | | | | |
| ST | GREEN, PENNY | | | 2500 CURTISS ST. | | | DOWNERS GROVE IL 60515 | | | | |
| VP | MCCANN, RAYMOND | | | 2500 CI | URTISS STREET | | DOWNERS GROVE IL 60515 | | | | |
| D | GREEN, GAYLE | | | 2 500 C l | URTISS-STREET- | | -DOWNERS GROVE IL 60515 | | | | |
| | | and the same of th | | 7000044747973 -07/13/0101082004 | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | | Address Ballio k July 1 | eleti Agititi | *300/00 | | |
| The second secon | | | | | Name | Name | | | | | |
| - CT-CORPORATION SYSTEM 1200 S. PINE ISLAND RD | | | | | Street Address | P.O. Box Number is Not Acceptable) | | | | | |
| PLANTATION FL 33324 | | | | | Suite, Apt. #, Et | c. | | | | | |
| | | | | | City | | State Zip Code | | | | |
| 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 Date 12-22-00 | | | | | | | | | | | |

11.1 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 filling 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 OFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

12-22-00 630-969-1008

Daytime Phone #