

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 JUN -8 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048980

1. Corporation Name

LEYDON CO., INC.

2. Principal Office Address

320 Capstan Drive

Suite, Apt. #, etc.

City & State

Placida, FL

Zip

33946

Country

USA

3. Mailing Office Address

124 S.W. Adams

Suite, Apt. #, etc.

Suite 560

City & State

Peoria, IL

Zip

61602

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 2, 1993

5. FEI Number

65-0337332

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

REINSTATEMENT 9800

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

Margaret Pike, Asst Secretary
REGISTERED AGENT MUST SIGN

Date 6/6/2000

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
Pres./ Treas.	Jerome Mirza	705 E. Washington St.	Bloomington, IL 61701
VP	Dean B. Rhoads	124 S.W. Adams, Suite 560	Peoria, IL 61602
Sec.	Edward F. Sutkowski	124 S.W. Adams, Suite 560	Peoria, IL 61602
Dir.	Jerome Mirza	705 E. Washington St.	Bloomington, IL 61701

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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:

ES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward F. Sutkowski, Secretary

Date

6/5/00

Daytime Phone #

309.680.8000

CR2E081 (3/97)



ACCOUNT NO. : 072100000032

REFERENCE : 722374 4804011

AUTHORIZATION :

Patricia Pigott

COST LIMIT : \$ 1050.00

ORDER DATE : June 6, 2000

ORDER TIME : 9:59 AM

ORDER NO. : 722374-005

CUSTOMER NO: 4804011

CUSTOMER: Ms. Donna Jaegle
Sutkowski & Washkuhn Ltd.
Suite 560
124 Southwest Adams Street
Peoria, IL 61602

DOMESTIC FILINGS

NAME: LEYDON CO., INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

RECEIVED
00 JUN -8 AM 10:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA