

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 13 AM 11:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000105771

1. Corporation Name

LINKSCORP FLORIDA OAKS, INC.

2. Principal Office Address

2201 Waukegan Road

Suite, Apt. #, etc.

W-100

City & State

Bannockburn, IL

Zip

60015-1577

Country

Cook

3. Mailing Office Address

2201 Waukegan Road

Suite, Apt. #, etc.

W-100

City & State

Bannockburn, IL

Zip

60015-1577

Country

Cook

REINSTATEMENT 99-180

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/97

5. FEI Number

36-4204077

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Christine M. Eastwine

Christine M. Eastwine
Assistant Secretary

Date 10/12/00

REGISTERED AGENT MUST SIGN

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
	John Fahlberg, Director	2201 Waukegan Road, #W-100	Bannockburn, IL 60015-1577
	Benson E. Blake, Director	2201 Waukegan Road, #W-100	Bannockburn, IL 60015-1577

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 taxes 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 furnished 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

BENSON BLAKE

Date

10/6/00

Daytime Phone #

847-282-2000