PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JUN 24 P 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000087458

1. Corporation Name
AMINC SERVICES INCORPORATED

000182569170
06/24/10--01015--005 **1950.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3112 WISTERIA LANE	3112 WISTERIA LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BLOOMINGTON, IL	City & State: BLOOMINGTON, IL
Zip: 61704 Country: USA	Zip: 61704 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1998

5. FEI Number: 593548861 ☐ 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: PARACORP INCORPORATED

Street Address (P.O. Box Number is Not Acceptable): 236 East 6th Aveneu

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32303

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: Glenda Kay Hallett Date

REGISTERED AGENT MUST SIGN Glenda Kay Hallett/Assistant Sec.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PARACORP INCORPORATED

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	Dean FOURNIER	3112 WISTERIA LANE	BLOOMINGTON / IL / 61704
D	Thomas P. FULLER	3112 WISTERIA LANE	BLOOMINGTON / IL / 61704

REINSTATEMENT
2002 - 2010

10. E-mail Address: reception@kvbpartners.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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: Dean Fournier 06/23/2010 646 356 0460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #