

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000079811

1. Corporation Name

Lachenmeier, Inc.

2. Principal Office Address - No P.O. Box #

3600 West Lake Avenue

Suite, Apt. #, etc.

City & State

Glenview, IL

Zip

60026

Country

USA

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified

To Do Business in Florida 09/02/1999

5. FEI Number

582491142

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jill Duffy-Baricovich
Assistant Secretary

Date 11-20-08

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
	See Attached		
			800138253388 11/25/08--01004--007 **150.00

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 contained in Chapter 119, 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
Barbara A. Siegan
Asst. Secretary

11/13/08

Date

847 657
4116
Daytime Phone #

Officers and Directors of Lachenmeier, Inc.

President	**Russell M. Flaum
Vice President	Mark W. Croll
Vice President	Allan C. Sutherland
Vice President & Treasurer	**Felix L. Rodriguez, Jr.
Vice President & Secretary	**James H. Wooten, Jr.
Assistant Treasurer	Ronald D. Kropp
Assistant Secretary	Jacqueline A. White
Assistant Secretary	Philip S. Dallosto
Assistant Secretary	Barbara G. Siegan
Assistant Secretary	Maria C. Green
Assistant Secretary	MaryAnn Spiegel
Assistant Secretary	Marsha A. Tolchin
Assistant Secretary	Richard E. Morgan
Assistant Secretary	John M. Tuhey

** - Denotes Directors

All officers and directors are located at 3600 West Lake Avenue, Glenview, IL
60026