

File Number 5944-852-8



COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS

State of Illinois
Office of
The Secretary of State

Whereas, THE REINSTATEMENT OF
STAMPING EQUIPMENT SALES, INC.
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAS BEEN FILED
IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS
CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 6TH day of MARCH A.D. 2000 and of the Independence of the United States the two hundred and 24TH



Jesse White

Secretary of State

1/13/00

Form **BCA-12.45/13.60**

APPLICATION FOR REINSTATEMENT of DOMESTIC OR FOREIGN CORPORATIONS

(Rev. Jan. 1999)

File #

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 http://www.sos.state.il.us

This space for use by Secretary of State

FILED

SUBMIT IN DUPLICATE!

MAR 06 2000

JESSE WHITE SECRETARY OF STATE

This space for use by Secretary of State

Date 3-6-00

Filing Fee \$ 100.00

Approved: [Signature]

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State"

1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation: STAMPING EQUIPMENT SALES, INC.

(b) Corporate name as changed: (Note 1)

(c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name: (Note 2)

2. State of incorporation: ILLINOIS

3. Date that the certificate of dissolution or revocation was issued: 11-1-1999

4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form.



JOHN C. VOJTA First Name Middle Name Last Name 121 SOUTH WILKE ROAD, SUITE 500 Number Street Suite # (A P.O. Box alone is not acceptable) ARLINGTON HEIGHTS, ILLINOIS 60005 City ZIP Code County

5. This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required.

6. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.)

Dated March 1, 2000 (Month & Day) (Year) STAMPING EQUIPMENT SALES, INC (Exact Name of Corporation)

attested by (Signature of Secretary or Assistant Secretary) by [Signature] (Signature of President or Vice President) STEVE BORNACK PRES. Sec (Type or Print Name and Title)

UNOFFICIAL COPY

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1801

1807

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