

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000002036**

1. Corporation Name  
**IBS CONVERSIONS, INC.**

FILED

97 NOV 12 AM 10: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2625 BUTTERFIELD RD.  
OAK BROOK IL 60521

Mailing Address  
2625 BUTTERFIELD RD.  
OAK BROOK IL 60521



**REINSTATEMENT 97**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/23/1996	
City & State		City & State		5. FEI Number	
Zip		Country		36-3782069	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSDC	WILLIAMS, DANIEL T	2625 BUTTERFIELD RD.	OAK BROOK IL 60521
V	Williams, Joanna N.	2625 Butterfield Rd.	Oak Brook IL 60521

100002346631-0  
-11/13/97--01076--019  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Connie Bryan **CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY  
Date: 11/11/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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: Joanna N. Williams **Joanna N. Williams** 11-7-97 (630) 963-4431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)