PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P81482

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 30 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **838745**

1. Corporation Name

STONCOR GROUP, INC.

Principal Place of Business	Mailing Address
1 PARK AVE. P. O. BOX 308 MAPLE SHADE NJ 08052	1 PARK AVE. P. O. BOX 308 MAPLE SHADE NJ 08052

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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/11/1977 SP

5. FEI Number: 56-0184790 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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	4 City / State / Zip
~~VP~~ P	REIF, DAVID P.	223 HICKORY LANE	HADDONFIELD NJ 08033
~~VPD~~ CD	KARMAN, JAMES A	2628 PEARL RD	MEDINA OH 96930
VP Executive VP	ZIKMUND, DONALD R	504 EAGLEBROOK DRIVE	MOORESTOWN, NJ ~~00000~~ 08057
~~P~~ VP CFO T	~~STORK, JEFFREY~~ McGonigle, Mark E.	~~26 W. OLD GULPH ROAD~~ 3 Providence Rd.	~~GLADWYNE PA~~ Malton NJ 08053
~~VPO~~ Executive VP	~~HAMER, JAMES~~ Fynan, Margaret R.	~~35 ROLLINGWOOD DR~~ 150-B Birchwood Ct.	~~VOORHEES NJ~~ Mt. Laurel NJ 08054
S	~~GRANZIER, PAUL A~~ P. Kelly Tompkins	~~2628 PEARL RD~~ 2628 Pearl Rd	~~MEDINA OH~~ Medina OH 96930

8. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

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: by: Margaret Pike, Asst. Secretary
REGISTERED AGENT MUST SIGN

Date: 10/27/2000

11. 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.

000003443440--7

SIGNATURE: Donald Zikmund 10.25.00 856-779-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P82492

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 879928 5012411

AUTHORIZATION : Patricia Pyzuto

COST LIMIT : $ 750.00

ORDER DATE : October 27, 2000

ORDER TIME : 9:44 AM

ORDER NO. : 879928-005

CUSTOMER NO: 5012411

CUSTOMER: Ms. Karin J. Owen
RPM, INC.
RPM, INC.
2628 Pearl Road

Medina, OH 44256

DOMESTIC FILING

NAME: STONCOR GROUP, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133

EXAMINER'S INITIALS:

RECEIVED
00 OCT 30 AM 10:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA