

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 PM 3:40

DOCUMENT # f0200006461

1. Corporation Name

EKI LOGISTEX AUTOMATION, INC.

REINSTATEMENT 03

2. Principal Office Address

1500 Lebanon Road

Suite, Apt. #, etc.

3. Mailing Office Address

10045 International Blvd

Suite, Apt. #, etc.

City & State

Danville, KY

City & State

Cincinnati, OH

Zip

40422

Country

Zip

45246

Country

Butler

4. Date Incorporated or Qualified
To Do Business in Florida

December 2001

5. FEI Number

33-1018422

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

C T 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

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

REGISTERED AGENT MUST SIGN

Date

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
PD	Martin, David J.	1500 Lebanon Road	Danville, KY 40422
V	Biles, John A.	15-19 New Fetter Lane	London, England EC4A
VD	Jones, Steven D	PO Box 18 Galcon Works Nottingham	Loughborough, England
V	Westendorf, John	10045 International Blvd	Cincinnati, OH 45246
V	Duplain, Robert	10045 International Blvd	Cincinnati, OH 45246
SD	Miller, Robert M	425 Post Road	Fairfield, KY 06824

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 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:

Robert Duplain

Robert Duplain

513.881.5123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

10/28/00



FKI Logistex
Automation Division

Buschman Operation
10045 International Blvd
Cincinnati OH 45246

10/10/2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Mathews Conveyor, Inc.

Good Morning:

Enclosed please find our application for the reinstatement of our corporation in your state. Our company has undergone a reorganization and name change also please note the corporation's legal name is now FKI Logistex Automation Inc.. Our headquarter address is 10045 International Blvd, Cincinnati, Ohio 45246.

Undoubtedly due to the change in address and legal name we did not receive the annual report filing request and ask that the reinstatement fee be waived. In addition to the signed and completed application we have enclosed our \$150 annual filing fee.

Thank you for this consideration.

Sincerely

FKI Logistex

Richard Werner CMA, CFM
Controller
513-881-5293
rwner@fkilogistex.com