2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000004828

FILED Oct 18, 2007 Secretary of State

Entity Nai	me: AMERICA	N RENOLIT CORPORATION			
Current Principal Place of Business:			New Principal Place of Business:		
1207 LINC LA PORTE	OLNWAY E, IN 46350				
Current Mailing Address:			New Mailing Address:		
1207 LINC LA PORTE	OLNWAY E, IN 46350				
FEI Number: 76-0330080 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS TALLAHAS	SSEE, FL 3230	012525 US			
The above in the State	named entity se of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE: KIMBERI	Y B. MORET			
	Electron	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no j Trust Fund Contribution ().	t receive the prior notic	e.	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () BACKHOUS, UI 1207 LINCOLN' LA PORTE, IN	WAY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BACKHAUS, ULLRICH 1207 LINCOLNWAY LA PORTE, IN 46350	
Title: Name: Address: City-St-Zip:	D () KUNDEL, MICH 1207 LINCOLN LA PORTE, IN	WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () DAMES, DON E 1207 LINCOLN' LA PORTE, IN	WAY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BRUDER, AXEL 1207 LINCOLNWAY LA PORTE, IN 46350	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	PD () Change (X) Addition EHRLICH, ARNDT H 1207 LINCOLNWAY LA PORTE, IN 46350	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	ST () Change (X) Addition MOSMAN, EILEEN 1207 LINCOLNWAY LA PORTE, IN 46350	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN MOSMAN 10/18/2007 ST