PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV -8 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000296

1. Corporation Name

CORRPRO TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1090 ENTERPRISE DR MEDINA OH 44256 US	P.O. BOX 1179 MEDINA OH 44258

REINSTATEMENT 2000

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
	c/o Corporate Tax
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1055 West Smith Rd.
City & State	City & State Medina, OH
Zip / Country	Zip 44256 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/21/1994

5. FEI Number: 34-1422570 ☐ 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
PC D	ROG, JOSEPH W	1090 ENTERPRISE DR	MEDINA OH 44256
VPD	KROON, DAVID H	7000 B HOLLISTER	HOUSTON TX
ST	RESTIVO, NEAL R.	1090 ENTERPRISE DR	MEDINA OH 44256
VP	BAACH, MICHAEL K	1090 ENTERPRISE DR	MEDINA OH 44256
V.P.	Mayer, Robert M.	1055 West Smith Rd.	Medina OH 44256

100003463721--4
-11/15/00--01021--020
******8.75 ******8.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. 100003463721--4
-11/15/00--01021--021

City ****750. State FL ******0.00

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: SIGNATURE Joyce A. Gilbert ASSISTANT SECRETARY — Date 11-3-2000
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: SIGNATURE OF OFFICER OR DIRECTOR Robert M. Mayer — 10/25/00 — 330.723.5082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0108837 AB