

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 21 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001346

1. Corporation Name
Sauder Manufacturing Co

2. Principal Office Address - No P.O. Box #
930 West Barre Road

3. Mailing Office Address
PO Box 230

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Archbold, OH

City & State

Archbold, OH

Zip
43502

Country
USA

Zip
43502

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/8/45

5. FEI Number
34-4407705

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc
Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *NRAI Services, Inc.*
By: Matt Thompson **Matt Thompson, Assistant Secretary** Date 11/06/2009
REGISTERED AGENT MUST SIGN

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
P	Philip Bontrager	PO Box 230	Archbold, OH 43502
S	William Ogden	PO Box 230	Archbold, OH 43502
T	Philip Bontrager	PO Box 230	Archbold, OH 43502
C	Virgil Miller	PO Box 230	Archbold, OH 43502

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REINSTATEMENT

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 contained in Chapter 119, 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: William Ogden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-3-09 Daytime Phone # 419-446-3210

RH