

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 AR

FILED

04 JUL -9 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005678

1. Corporation Name

General Commercial Corporation

2. Principal Office Address

110 South 15th Street

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Sebring, Ohio

City & State

SAME

Zip

44672-2002

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

March 14, 1946

5. FEI Number

34-0663030

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

Laura L. Briden

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

9 Faith Lane

Suite, Apt. #, Etc.

City

Palm Coast

State
FL

Zip Code
32137

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

Laura Briden
REGISTERED AGENT MUST SIGN

Date 6/24/04

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
COB	Mary Lynn Keller	1199 Sunset Drive	Alliance, Oh 44601
Pres	Damon S. Keller	1199 Sunset Drive	Alliance, Oh 44601

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:

M. Lynn Keller

M. Lynn Keller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/04

Date

330.938.1000

Daytime Phone #

CFR2E081 (01/04)