

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006503**

1. Corporation Name

GOLD MEDAL PRODUCTS CO.

Principal Place of Business

10700 MEDALLION DRIVE
CINCINNATI OH 45241

Mailing Address

10700 MEDALLION DRIVE
CINCINNATI OH 45241

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/01/1998

5. FEI Number

31-0515654

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
CTD	EVANS, J C SR	10700 MEDALLION DRIVE	CINCINNATI OH 45241
PD	KROEGER, DANIEL R	10700 MEDALLION DRIVE	CINCINNATI OH 45241
VD	GEBHART, CHRISTOPHER W	10700 MEDALLION DRIVE	CINCINNATI OH 45241
VD	BURNS, ROBERT C	10700 MEDALLION DRIVE	CINCINNATI OH 45241
VSD	EVANS-LLOYD, SALLY	10700 MEDALLION DRIVE	CINCINNATI OH 45241
VD	EVANS, JOHN C JR	10700 MEDALLION DRIVE	CINCINNATI OH 45241

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code

1000003626061
10/28/02--01086--001 **150.00
FL

CR2E040 (8/02)

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. or 617.0505, F.S.

Susan J. Metzke

Assistant Secretary

Signature of Registered Agent

Susan J. Metzke

REGISTERED AGENT MUST SIGN

Date

10-24-02

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:

Christopher W Gebhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

(513) 769-7676

DOCUMENT # F98000006503

GOLD MEDAL PRODUCTS CO.

Principal Place of Business MEDALLION DRIVE CINCINNATI OH 45241	Mailing Address 10700 MEDALLION DRIVE CINCINNATI OH 45241
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Principal Place of Business	3. Mailing Address
Site, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Country	Zip	Country
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4. FEI Number 31-0515654	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name _____

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

City _____

FL Zip Code _____

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
CTD EVANS, J C SR 10700 MEDALLION DRIVE CINCINNATI OH 45241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD KROEGER, DANIEL R 10700 MEDALLION DRIVE CINCINNATI OH 45241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD GEBHART, CHRISTOPHER W 10700 MEDALLION DRIVE CINCINNATI OH 45241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VD BURNS, ROBERT C 10700 MEDALLION DRIVE CINCINNATI OH 45241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VSD EVANS-LLOYD, SALLY 10700 MEDALLION DRIVE CINCINNATI OH 45241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD EVANS, JOHN C JR. 10700 MEDALLION DRIVE CINCINNATI OH 45241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.071(3)(f), Florida Statutes. I further certify that the information furnished on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: CV Gebhart VP FIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher W Gebhart

4/16/01 (513) 769-7676



GOLD MEDAL® PRODUCTS CO.

10700 MEDALLION DRIVE CINCINNATI, OH 45241-4807

October 20, 2002

(513) 769-7676
FAX (513) 769-8500
1-800-543-0862
FAX 1-800-542-1496

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

Dear Sir or Madam,

I received notice of Administrative Dissolution due to non receipt of the year 2002 annual report/uniform business report. The last report which we filed was dated 4/16/01 (copy is attached). I cannot find anywhere that we received the original report to file. Please find enclosed our check and signed application for reinstatement. I am sorry that this report was apparently overlooked.

Sincerely,

Christopher Gebhart
Vice President Finance/CFO