

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 12:02

DOCUMENT # P22160

1. Corporation Name
GEM INDUSTRIAL INC.

Principal Place of Business 6842 COMMODORE DRIVE WALBRIDGE OH 43465	Mailing Address 6842 COMMODORE DRIVE WALBRIDGE OH 43465
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REINSTATEMENT 99 AD

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 12/16/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 31-1036493
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	SHOUSER, HUSSIAN	6842 COMMODORE DRIVE	WALBRIDGE OH 43465
D	SUTPHIN, DON	6842 COMMODORE DRIVE	WALBRIDGE OH
AS	HEYMAN, DOUGLAS	4539 CLOVER LANE	TOLEDO OH
D	RUDOLPH, FREDRICK W.	6486 LATCHA RD	WALBRIDGE OH
D	LIBBE, ALLAN	324 EAST WAYNE ST.	MAUMEE OH
D	RUDOLPH, WILLIAM D.	6486 LATCHA RD	WALBRIDGE, OH

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 600003018596--5 -10/19/99--01067--003 ****600.00 ****600.00	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600003018596--5 Suite, Apt. #, Etc. -10/19/99--01067--004 ****150.00 ****150.00 City FL State Zip Code
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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: Carol Record CAROL RECORD Date: 10-12-99
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: Douglas Heyman DOUGLAS HEYMAN Date: 10-12-99 Daytime Phone #: 419-666-6554

C22E040 (8/99)