

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JUN -4 PM 6:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P22160

1. Corporation Name
GEM INDUSTRIAL INC.

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

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/16/1988	
City & State		City & State		5. FEI Number	
Zip		Country		31-1036493	
				Applied For	
				Not Applicable	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City & State
P	SHOUSER, HUSSIEN	6842 COMMODORE DRIVE	WALBRIDGE OH 43465
D	RUDOLPH, WILLIAM D	6846 LATCHA RD	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

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
 1200 S. 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 **FL** Zip Code _____

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 *Gil S. Apolis* **Gil S. Apolis, Asst. Secretary** Date **5-26-01**

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 R. HEYMAN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS R. HEYMAN

Date **5/21/01** Daytime Phone # **419-666-6554**

CR2E040 (8/00)