

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 SEP 18 AM 11:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P210884*

1. Corporation Name

Michelin Corporation

WAB0000021299

Principal Place of Business

One Parkway South
 Greenville, SC 29615

Mailing Address

Post Office Box 19067
 Greenville, SC 29602

REINSTATEMENT *97-98*

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. | | 12/30/91 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 13-5532659 | |
| | | | | 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| D | Eric Bourdais de Charbonniere | c/o One Parkway South | Greenville, SC 29615 |
| D | Paul A. Leperq | c/o One Parkway South | Greenville, SC 29615 |
| D/P | Jean-Louis Moulin | c/o One Parkway South | Greenville, SC 29615 |
| V | James M. Micali | One Parkway South | Greenville, SC 29615 |
| T/AS | Philippe Biendel | c/o One Parkway South | Greenville, SC 29615 |
| S | James P. Conroy | 156 West 56th Street | New York, NY 10019 |

8. Name and Address of Current Registered Agent

CT Corporation System
 1200 South Pine Island Road
 Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name *600002642076-4*
 Street Address (P.O. Box Number is Not Applicable) *-09/17/98-01054-012*
 Suite, Apt. #, Etc. *****150.00 ****750.00*
 City *600002642076-4*
 State *-09/22/98 Stat 01244-001*
 Zip *****150.00 FL ****150.00*

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

Mary R. Adams
 REGISTERED AGENT MUST SIGN

MARY R. ADAMS
 ASSISTANT SECRETARY

Date

9/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Micali, Vice President

9/14/98

Date

(864) 458-6111

Daytime Phone #

CS2E040 (1/98)