

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 30 AM 10:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

821931

1. Corporation Name

Sauer Incorporated

REINSTATEMENT

800023449118
09/30/03--01077--007 **758.75

2. Principal Office Address

30 Fifty-First St.

3. Mailing Office Address

30 Fifty-First St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pittsburgh

City & State

Pittsburgh

Zip

PA

Country

15201

Zip

PA

Country

15201

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

25-0776180

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Kevin A. Seburnia, Asst Sec.

Date

9/29/03

REGISTERED AGENT MUST SIGN

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
ST	Terence R. Kiliany	30 51st Street	Pittsburgh, PA 15201
VD	Charles D. Steitz	1801 Lone Eagle Street	Columbus, OH 43228
PD	William N. Steitz	11223 Phillips Parkway Drive East	Jacksonville, FL 32256
VD	Timothy M. Steitz	30 51st Street	Pittsburgh, PA 15201
V	Gregory S. Zechman	11223 Phillips Parkway Drive East	Jacksonville, FL 32256
V	Geoffrey L. Murken	30 51st Street	Pittsburgh, PA 15201

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-2003

Date

412-687-4100

Daytime Phone #

CR2E081 (10/02)

2/10/11