

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

DOCUMENT # 346616

1. Corporation Name **Electromate Manufacturing Corporation**
 7531 Salisbury Road
 Jacksonville, FL 32256

98 FEB 18 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

7531 Salisbury Road
 Jacksonville, FL 32256

400002439364--3
 -02/24/98--01070--003
 *****908.75 *****908.75

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.		5/21/69	
City & State		City & State		5. FEI Number	
Zip		Country		59-1228022	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
Chm.	Peter McIlroy II	River Road	Verona, PA 15147
EVP	L. J. Kirchner	River Road	Verona, PA 15147
Pres.	L. M. McKenna	500 Maple St.	Belding, MI 48809
VP S/T	M. T. Deane	River Road	Verona, PA 15147
REINSTATEMENT 97-98			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Robroy Industries, Inc. River Road Verona, PA 15147		Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE	
		State	Zip Code
		FL	32301

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

REGISTERED AGENT MUST SIGN **LAURA R. DUNLAP**

Date **2/16/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. J. Kirchner, Executive Vice President

Date **2/16/98**

Daytime Phone # **412/828-2100**