

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 MAY 29 PM 4: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500156587715
05/29/09--01018--014 **1650.00

REINSTATEMENT 03-09
CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **820445**

1. Corporation Name
International Chimney Corporation

2. Principal Office Address - No P.O. Box # 55 S. LONG ST Suite, Apt. #, etc.		3. Mailing Office Address PO Box 260 Suite, Apt. #, etc.	
City & State Buffalo, NY		City & State Buffalo, NY	
Zip 14221	Country ERIE	Zip 14231	Country ERIE

4. Date Incorporated or Qualified To Do Business in Florida **5/12/1967**

5. FEI Number **16-0850893**
 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 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City **PLANTATION** State **FL** Zip Code **33324**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  **STEVEN P. ZIEGER**
SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date **5-26-09**

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
Pres	Richard T. Lohr	435 MAIN ST	Youngstown, NY 14174
VP	Wilfried J. Guntermann	16479 Parken Rd	Homer Glen, IL 60491
Secretary	Thomas P. Sullivan	105 Beachridge Dr	East Amherst, NY 14051

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 contained in Chapter 119, 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:  **Thomas P. Sullivan** **5/21/09** **716-650-3406**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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