

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **821769**

1. Corporation Name

NORANDEX INC.

Principal Place of Business

ONE NORANDER PLACE
8450 S BEDFORD RD
MACEDONIA OH 44056

Mailing Address

~~ONE NORANDER PLACE~~
~~8450 S BEDFORD RD~~
~~MACEDONIA OH 44056~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

~~OWENS CORNING TRX DEPT 36~~

~~ONE OWENS CORNING PKWY~~

~~TOLEDO, OHIO~~

~~43659~~

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1968

5. FEI Number

54-0790261

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	JOHNSTON, R.W. JERRY L. WEINSTEIN	3200 ROSS AVE SUITE 3600 ONE OWENS CORNING PKWY	DALLAS TX TOLEDO, OHIO 43659
VPT	SWAN, CAROLD E MICHAEL I. MILLER	2121 N. CALIFORNIA BLVD. SUITE ONE OWENS CORNING PKWY	WALNUT CREEK CA TOLEDO, OHIO 43659
S	DOUGLAS, MICHAEL R DENNIS L. JARVELA	2121 N. CALIFORNIA BLVD., SUITE 5 ONE OWENS CORNING PKWY	WALNUT CREEK CA TOLEDO, OHIO 43659
AS	MCALLENAN, DONALD F WILLIAM F. DENT	2121 N. CALIFORNIA BLVD., SUITE 5 ONE OWENS CORNING PKWY	WALNUT CREEK CA TOLEDO, OHIO 43659
			500002713335--9 -12/15/98--01078--024 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
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

REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/9/98

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F. DENT

12/7/98

Date

(419) 248-8000

Daytime Phone #

CR2E040 (9/98)