PLEASE READ /	ALL INSTRUCTION	S BEFORE C	OMPLETIN	NG THIS FORM:	
APPLICATION FOR QUE REINSTATEMENT	FLORIDA DEPARTMENT OF STAT  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		AND FILED 1797 AUG 12 PM 12: 5/4		
DOCUMENT #837308			SECLETARY OF STATE VALLABASSEE, FLORIDA		
Minwax Company, Inc.					
Principal Place of Business Mailing Address			6000022651669 -08/12/9701094004 *****915.00 *****915.00		
90 Park Avenue New York, New York 10016					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, If Applicable 101 Prospect Avenue, NW	e, NW 101 Prospect Avenue		Date Incorporated or Qualified     To Do Business in Florida     11/2/76		
Suite, Apt. N. etc.	Suite, Apt. W, etc.		5. FEI Number		Applied For
City & State Cleveland, OH	City & State Cleveland, OH		13-1050370   Not Applicable		
Zip 44115 Country USA	Zip 44115 Cour	usa usa	CERTIFICATE C		Iditional Fee required ertificate of Status
7. Names and Street Addresses of Each Officer and/o		orations must list at lea Street Address of Each			
Title(s) And/or Directors Street Ac Officer a 1 2 3 (Do NOT Use Pot				City / State / 2	Zip
See Attached.					
		<del></del>			ah h
		REINSTATEMENT			
Name and Address of Current Registered Agent			9. Name and Ade	dress of New Registered Agent	
CT Corporation System Nam			ame SG		
1200 S. Pine Island Road Plantation, Florida 33	Street Address (P	Name  Sireet Address (P.O. Box Number is Not Acceptable)  Suite Apt. # Etc.			
<b>.</b>	Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
City			State 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					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all less owed by the corporation have been paid. 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 Date Date Destine Phone &					

Address:

101 Prospect Avenue, NW Cleveland, Ohio 44115

## Officers:

T. A. Commes

Chief Executive Officer

C. M. Connor

President

C. G. Ivy

Vice President

L. J. Pitorak

Vice President and Treasurer

R. Pasciznyk

Vice President, Controller and Assistant Treasurer

R.A. Dancsok

Vice President - Manufacturing

A.W. Guist

Vice President - Sales

T.A. Knight

Vice President - Marketing

M.W. Matta

Vice President - Human Resources

R. A. Graham

Vice President - Technical Director

L.E. Stellato

Vice President and Secretary

C.D. Brogan

Vice President and Assistant Treasurer

J. J. Sgambellone

Vice President and Assistant Secretary

R. A. Legenza

Vice President and Assistant Secretary

## Directors:

J. G. Breen

L. J. Pitorak

L. E. Stellato