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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


02 JUL 10 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

89-02

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #841934

1. Corporation Name
MUNCIE POWER PRODUCTS, INC.

2. Principal Office Address 201 E. JACKSON ST.		3. Mailing Office Address P.O. BOX 548	
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc.	
City & State MUNCIE, IN		City & State MUNCIE, IN	
Zip 47305	Country USA	Zip 47308	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1978	
5. FEI Number 35-1046108	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM		100006661481	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD		-07/25/02--01049--016	
Suite, Apt. #, Etc.		***2442.50 ***2442.50	
City PLANTATION		State FL	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, and with a full knowledge of the obligations of section 607.0505 or 617.0503, F.S.


Signature of Registered Agent:  **Jeffrey R. Graves**
Assistant Secretary

REGISTERED AGENT MUST SIGN Date: **7/9/02**

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
	SEE ATTACHED		

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:  **CHRIS FANCHER** 07/02/02 (765)284-7721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (9/01)

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MUNCIE POWER
PRODUCTS, INC

Directors Name / Business Address

Joseph E. Wilson, Chairman
P.O. Box 548
Muncie, IN 47308

Terry L. Walker, Secretary
P.O. Box 548
Muncie, IN 47308

Giovanni Cavallini
Interpump Group, SRL
Reggio Emilia, Italy

Roberto Iseppi
Hydrocar, SRL
Nonantola, Italy

Paolo Cleopatra
Hydrocar, SRL
Nonantola, Italy

Carlo Banci
Interpump Group, SPA
Reggio Emilia, Italy

MUNCIE POWER
PRODUCTS, INC

Officers Name / Title / Address

Joseph E. Wilson, CEO
P.O. Box 548
Muncie, IN 47308

Terry L. Walker, President
P.O. Box 548
Muncie, IN 47308

Christopher D. Fancher, Assistant Secretary
P.O. Box 548
Muncie, IN 47308

Kenneth R. Briner, Sr. V.P. of Operations
P.O. Box 548
Muncie, IN 47308