PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT				S	FLORIDA DEPARTMENT OF STATE Secretary of State			SECRETARY OF STATE DIVISION OF COPPORATIONS 08 MAY 19 PM 4: 48	
DOCUMENT # 84490 1. Corporation Name Carboline Company							11/29	S 21107 INSTATEMENT <u>OS 08</u> 8/06 0 105 0 008 90 30129795391	
O Descriptions Address No. 70 Ct. (1)					F. 411		−l 05/19	3/0801022007 **300.00	
·					office Address				
					Same			CR2E081 (12/07)	
Suite, Apt. #, etc. Suite,					e. Apt. #, etc.		4 Date Incom	ported or Qualified	
								porated or Qualified iness in Florida	
City & State City					ity & State			er Applied For	
St. Louis, MC							52-116751		
zip 1540/20 (e314	14	Country USA	′	Zip		Country	6. CERTIFICATE	E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent									
Name						The re	einstatement fee is imposed, except in		
Corporation Service Company							circumstances which the entity did not receive the prior notices. By checking this box, you		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street									
Suite, Apt. #, Etc.								 are certifying the prior notices were not received and requesting the reinstatement 	
Suite 105								waived.	
City Tallahassee					State Zip Code 32301				
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 REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
	Nome of					Street Address of Ea			
Titles	Officers and/or Directors					Officer and/or Direc	tor	City / State / Zip	
Pres Ricl	Richard M Wilson				350 Hanley Industrial Court			St. Louis, MO 63144	
Tres Don	Donald J Kloppenburg					350 Hanley Industrial Court		St. Louis, MO 63144	
Dir Fra	Frank C Sullivan				2628 Pearl Road			Medina, OH 44256	
Dir Ror	Ronald C Rice				2628 Pearl Road			Medina, OH 44256	
Dir Dav	David P Reif				2628 Pearl Road			Medina, OH 44256	
10.1 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: Double Hors VI-Finance 4/28/08 314-644-1000 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUBLE SIGNATURE SIGNING OFFICER OR DIRECTOR DOUBLE SIGNING SIGNING OR SIGNING									
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									