

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 NOV -1 AM 11:38

DOCUMENT # **846428**

1. Corporation Name

**SIFCO CUSTOM MACHINING COMPANY**

Principal Place of Business

Mailing Address

2430 WINNETKA AVE NORTH  
 GOLDEN VALLEY MN 55427

2430 WINNETKA AVE NORTH  
 GOLDEN VALLEY MN 55427



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**REINSTATEMENT**

00

Date Incorporated or Qualified To Do Business in Florida

07/07/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

41-0742016

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	<del>DEMETTER, RICHARD A</del> FRANK CAPPELLO, FRANK	970 E 64TH ST	CLEVELAND, OHIO 00000
V	GONIOR, MARTIN E.	2430 N WINNETKA AVE	MINNEAPOLIS, MN 00000
CD	SMITH, CHARLES H JR	970 E 64TH ST	CLEVELAND, OHIO 00000
SD	GOTSCHALL, GEORGE D	970 E 64TH ST	CLEVELAND, OHIO 00000
PD	GOTSCHALL, JEFFREY P	25 PINE RIVER DR	BENTLYVILLE OH

7000003472977--5  
 11/21/00--01082--008  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and understand the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Barbara A. Burke*

BARBARA P. BURKE  
 SPECIAL ASSISTANT SECRETARY

Date

10-31-00

REGISTERED AGENT MUST SIGN

11. 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:

*Jeffrey P. Gotschall*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JEFFREY P. GOTSCHALL**

10/25/00

Date

316-881-8600

Daytime Phone #

CR2E040 (1/00)