

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
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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	DEMETTER, RICHARD A <i>FRANK CAPPELLO, FRANK</i>	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

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 A. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY P. GOTSCHALL

10/25/00

Date

316-881-8600

Daytime Phone #