

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000000372

1. Corporation Name

KARDEX SYSTEMS, INC.

Principal Place of Business

ROUTE 7 NORTH
MARIETTA OH 45750

Mailing Address

P.O. BOX 171
MARIETTA OH 45750

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2002

5. FEI Number

16-1112879

Applied For

Not Applicable

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
C	NAULEAU, HEIDI A	20 W. FAIRMOUNT AVE., P.O. BOX 1	LAKEWOOD NY 14750
P	NIENHUIS, RONALD J	ROUTE 7 NORTH - KARDEX SYSTEMS,	MARIETTA OH 45750
C	MILLER, RON	ROUTE 7 NORTH - KARDEX SYSTEMS	MARIETTA, OH 45750

000024388440

11/03/03--01100--008 **150.00

8. Name and Address of Current Registered Agent

WEBB, W.S. (SPIDER)
1351 THOMASVILLE ROAD
TALLAHASSEE FL 32302-0147

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/24/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald J. Nienhuis RONALD J. NIENHUIS 10/24/03 740-374-9300

CR20040 (7/03)



Information & Materials Management Systems

Ronald J. Nienhuis, President

October 24, 2003

Glenda E. Hood
Secretary of State
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Hood,

Kardex Systems, Inc. hereby applies for reinstatement of "active" status as a corporation doing business with the State of Florida. We can find no record of having received prior UBR notices. Please find enclosed our completed application for reinstatement and the associated filing fee of \$150.00.

If there are any questions, please call me at (740) 374-9300.

Sincerely,



Ronald J. Nienhuis
President