APPLICATION FOR REINSTATEMENT

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

FILED
Oct 22, 2003 8:00 A.M.
Secretary of State

DOCUMENT # F02000001573

1. Corporation Name

JOFCO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
13TH & VINE JASPER IN 47547	P.O. BOX 71 JASPER IN 47547-0071

REINSTATEMENT 03

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: 03/29/2002

5. FEI Number: 35-0420350 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED X — $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	STEURER, JOSEPH	404 REYLING DR.	JASPER IN 47546
D	MESSMER, BERNARD	955 DORETT ST.	JASPER IN 47546
P	RUBINO, BILL	451 33RD ST.	JASPER IN 47546
S	TRETTER, KENNETH	706 ORCHARD ROAD	HUNTINGBURG IN 47542
T	STURM, GREGORY	3128 DEER CREEK DR.	VINCENNES IN 47591

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10/22/03--01004--017 **758.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

Susan J. Metze
Assistant Secretary

Signature of Registered Agent: Susan J. Metze Date: 10/10/03

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: WR Rubino 10-12-03

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

WILLIAM RUBINO - PRESIDENT