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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 13 DEC 10 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 09-13

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F02000006238

1. Corporation Name

MACON ELECTRIC COIL, INC.

2. Principal Office Address - No P.O. box's
2271 ARBOR BLVD

Suite, Apt. #, etc.

City & State
DAYTON, OH

Zip: 45439 County: USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip County

4. Date Incorporated or Qualified To Do Business in Florida
12/16/2002

5. FEI Number
431628666

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City: Plantation FL 33324

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: [signature] asst. sec. Date: 12/10/2013

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED		

10. E-mail Address: STHOMAS@MCDONALDHOPKINS.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 8/30/13 740-478-3373

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

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K. ASHTON

CORPORATE OFFICERS:	Chad Merkel - COO	199 E. State St., Newcomerstown, OH 43832
	Barry L. Kasoff - CRO	199 E. State St., Newcomerstown, OH 43832
BOARD OF DIRECTORS:	Stephen Presser	199 E. State St., Newcomerstown, OH 43832
	Justin Hillenbrand	199 E. State St., Newcomerstown, OH 43832
	John Stewart	199 E. State St., Newcomerstown, OH 43832
	Daniel Cleary	199 E. State St., Newcomerstown, OH 43832
	Mindy Bartel	199 E. State St., Newcomerstown, OH 43832

(4462723:)

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
MACON ELECTRIC COIL, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	$1,350.00