PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 NOV -9 AM 10:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000000829

1. Corporation Name

ERIE CONSTRUCTION MID-WEST, INC.

~~W11-49878~~

REINS... 10-11

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
PO BOX 2098	4271 MONROE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TOLEDO, OH	City & State: TOLEDO, OH
Zip: 43606 Country: USA	Zip: 43606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 34-1762631 ☐ Applied For ☐ Not Applicable

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

100212395371
09/21/11-01030-011 **750.00

100212395371
10/12/11-01025-008 **158.75

7. Name and Address of Current Registered Agent

Name: C T Corporation System

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

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 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: Joyce Gilbert Date: 10-25-11

REGISTERED AGENT MUST Joyce Gilbert, Asst. Secretary

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
CEO	PATRICK J. TROMPETER	4271 MONROE ST.	TOLEDO, OH 43606
PRES.	RADDY HAMILTON	4271 MONROE ST.	TOLEDO, OH 43606

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

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., 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: PATRICK J. TROMPETER 10/31/11

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

4A-42-2097

11/90