

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT -9 PM 5: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000159

Corporation Name

KARDOL QUALITY PRODUCTS, INC.

Principal Office Address

285 SOUTHWEST STREET

Suite, Apt. #, etc.

3. Mailing Office Address

285 SOUTHWEST STREET

Suite, Apt. #, etc.

City & State

LEBANON OHIO

City & State

LEBANON OHIO

Zip

45036

Country

WARREN

Zip

45036

Country

WARREN

4. Date Incorporated or Qualified  
To Do Business in Florida

11/9/92

5. FEI Number

N/A

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

JEFFERY D. LINK

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

904 EVELYN AVENUE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33764

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

REGISTERED AGENT MUST SIGN

Date

10-2-01

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
CP	HUBERT BEDWELL	285 SOUTHWEST STREET	LEBANON OH 45036
PVT	MARK BEDWELL	285 SOUTHWEST STREET	LEBANON OH 45036

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:

*H.A. Bedwell*

H.A. BEDWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/2001

513-933-8206

Daytime Phone #

CR2E081 (9/00)