


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 24 AM 8:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F93 000002780 1. Corporation Name AMERICAN CONSUMER PRODUCTS, INC.					
Principal Place of Business 31100 SOLON ROAD SOLON, OH 44139		Mailing Address 31100 SOLON ROAD SOLON, OH 44139			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 6-16-93 5. FEI Number 34-1376833 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
CEO/T/D	STEPHAN W. COLE	31100 SOLON ROAD	SOLON, OH 44139		
P/D	RICHARD F. BERN	31100 SOLON ROAD	SOLON, OH 44139		
S	ROBERT E. ALTENBACH	31100 SOLON ROAD	SOLON, OH 44139		
ASST. T	GREGORY M. DEARDEN	31100 SOLON ROAD	SOLON, OH 44139		
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			9. Name and Address of New Registered Agent Name 9000002157949 Street Address (P.O. Box Number is Not Accepted) 129/97-01047-016 Suite, Apt. #, Etc. ****548.75 ****348.75 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. Signature of Registered Agent: <u>Connie Bryan</u> Date: <u>4/24/97</u> SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> ***See other side for information on intangible tax.***					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <u>GREGORY M. DEARDEN</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/18/97</u> (216) 248-7000 Date Daytime Phone #		