

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moynihan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 AUG 28 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name **Com-Dust Floors, Inc.**  
**30700 Solon Industrial Parkway**  
**Solon, OH 44139**

Principal Place of Business Mailing Address  
**30700 Solon Industrial Parkway**  
**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

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

31-1277996

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Charles T. Fitzgerald	30700 Solon Ind. Pkwy.	Solon, OH 44139
VP	Robert Jonas	30700 Solon Industrial Pkwy	Solon, OH 44139
Secr.	David Chervenak	30700 Solon Ind. Pkwy.	Solon, OH 44139

000002287730--2  
-09/08/97--01164--012  
\*\*\*950.00 \*\*\*315.00

REINSTATEMENT

96-97

15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Peggy Cogan  
622 Cassat Ave. Suite 5  
Jacksonville, FL 32205

Name

James H. Beusse, Jr.

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

460 Bison Circle

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

*James H. Beusse, Jr.*  
REGISTERED AGENT MUST SIGN

Date 8-14-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Charles T. Fitzgerald*

Charles T. Fitzgerald

8-14-97 216-248-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #