

APPLICATION FOR REINSTATEMENT



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

RECEIVED OCT 18 2000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Corporation Name

ANDRITZ INC.

Principal Place of Business

Mailing Address

5 SHERMAN ST.
MUNCY PA 17756

35 SHERMAN ST.
MUNCY PA 17756



REINSTATEMENT *08*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/05/1993

5. FEI Number

31-0210680

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)

SEE ATTACHED

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RYAN, TIMOTHY J.	SHERMAN STREET	MUNCY PA
V	TORZA, SERGIO	SHERMAN ST.	MUNCY PA 17756
VIA VIA	LIBBEY, JOHN L	SHERMAN ST.	MUNCY PA
D	LEITNER, WOLFGANG	STATTEGERSTRASSE 18	A-8045 GRAZ AU
S	BUMSTED, DAVID W	SHERMAN ST.	NOCROSS GA 17756
AT	WINNER, DOUGLAS	SHERMAN STREET	MUNCY PA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **600003510756--8**
City **12/21/00** **01077-011**
******750.00** ******750.00**

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

Dale H. Morris

REGISTERED AGENT MUST SIGN

Date **12-04-2000**

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., 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:

Douglas A. Winner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS A. WINNER
CONTROLLER & ASSISTANT TREASURER

10/27/00
Date

(570) 546-8211
Daytime Phone #

**Andritz Inc.
OFFICERS**

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
President:	Timothy J. Ryan	35 Sherman Street Muncy, PA 17756
Vice President	John L. Libbey	35 Sherman Street Muncy, PA 17756
Vice President:	Sergio Torza	35 Sherman Street Muncy, PA 17756
Vice President:	Donald Dauterman	9560 S.W. Herman Road Tualatin, OR 97062
Treasurer:	Raymond W. Roth	35 Sherman Street Muncy, PA 17756
Secretary:	David W. Bumsted	302 Research Drive N.E. Norcross, GA 30092
Assistant Treasurer:	Douglas A. Winner	35 Sherman Street Muncy, PA 17756

ANDRITZ INC.

35 Sherman Street
Muncy PA USA 17756