


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



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

FILED
00 OCT 19 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # FA4000003006

1. Corporation Name
Hartzell Florida, Inc.

2. Principal Office Address 4100 North Powerline Road		3. Mailing Office Address 2516 Wabash Avenue	
Suite, Apt. #, etc. Suite A2		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State St. Paul, MN	
Zip 33073	Country	Zip 55114	Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 07/11/94

5. FEI Number 65-0502437 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip
33324

000003434420--0
-10/23/00--01008--017
****750.00 ****750.00

400003434424--8
-10/23/00--01008--018
****17.50 ****17.50

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 [Signature] **Gill S. Apellis, Asst. Secretary** Date 10/18/2000

REGISTERED AGENT MUST SIGN

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
P, D	George Scherff	2333 Alumni Park Plaza	Lexington, KY 40517
T	Glenn A. Hollis	2333 Alumni Park Plaza	Lexington, KY 40517
S	Ronald H. Neill	800 Superior Ave., Ste. 1400	Cleveland, OH 44114
Control	Ted Wilson	2333 Alumni Park Plaza	Lexington, KY 40517

10. 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: Ronald H. Neill Ronald H. Neill, Secretary 216-622-8212

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

KE