

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004955

1. Corporation Name

ERIE COPPER WORKS, INC.

Principal Place of Business

230 N. STATE RD.
MEDINA OH 44258

Mailing Address

230 N. STATE RD.
MEDINA OH 44258

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

10/12/1995

5. FEI Number

34-1011000

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SURGEON, DAVID A	2925 COCO LAKES DR	NAPLES FL 34105
S	RENCH, JAMES L.	76 S. MAIN ST.	AKRON OH

8. Name and Address of Current Registered Agent

SURGEON, DAVID
2925 COCO LAKES DR
NAPLES FL 34105

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-4-2002

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-2002

Date

239-659-2704

Daytime Phone #

20f2

ecw, inc

eriecopperworks

230 north state road

po box 309, medina, oh usa 44258-0309

phone 330-725-5590 fax 330-723-0625

November 4, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Erie Copper Works, Inc.
FEIN: 34-34-1011000
2002 Uniform Business Report

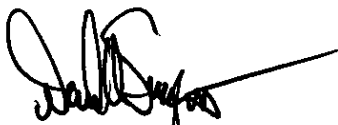
Dear Sir/Madam:

We recently received a certificate of administrative dissolution or revocation from your office for failure to file the 2002 corporation annual report/uniform business report.

Please be advised that we did not receive a 2002 report. We are enclosing a completed report together with the filing fee in the amount of \$150.00. We request that you immediately reinstate Erie Copper Works, Inc., and waive the reinstatement fee.

Thank you for your assistance in this matter.

Sincerely,



David A. Surgeon
President

Encl.