PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98.98

FILED
98 JAN 16 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000557

1. Corporation Name
CLINTON MACHINERY CORPORATION

Principal Place of Business	Mailing Address
ATTN: JOHN K. ZIEGLER 5800 MIAMI LAKES DR MIAMI LAKES FL 33014	ATTN: JOHN K. ZIEGLER 5800 MIAMI LAKES DR MIAMI LAKES FL 33014

REINSTATEMENT ao 1/16

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: 02/01/1996

5. FEI Number: APPLIED FOR 59-2020895 — ☐ 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
C, T	ZIEGLER, JOHN K	900 MILIK ST	CARTERET NJ 07008
PD	SCANNAVINO, FRANK C	5800 Miami Lakes DR	Miami Lakes, FL 33014
VD	Glazer, Marc	5800 Miami Lakes DR	Miami Lakes, FL 33014
VD	Noll, Charles	5800 Miami Lakes DR	Miami Lakes, FL 33014

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: ERIC L. GLAZER, ESQ
Street Address (P.O. Box Number is Not Acceptable): 5800 MIAMI LAKES DR
Suite, Apt. #, Etc.:
City: MIAMI LAKES | State: FL | Zip Code: 33014

CR2E040 (8/97)

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: _____ Date: 1/12/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: _____ 1/13/98 305-827-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #