PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLETI	ING THIS FOR	₹M.		
APPLICATION FOR REINSTATEMENT		A DEPARTMEN Sandra B. Mor Secretary of S VISION OF CORPOR	tham State		FILED			
DOCUMENT # F9600001092				98 APR 28 PH 1:10				
1. Corporation Name				SECRE AND CASTATE TALLAHASSHE, FLORIDA				
MCC Acquisition Corporation				Ef the late of 12 house states of the state				
Principal Place of Business Mailing Address								
91320 Coburg Industrial Way 91320 Coburg Industrial Wa Coburg, OR 97408 Coburg, OR 97408								
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				4 Data lapara	proted or Qualified			
Suite, Apt. #, etc.	elc.			Date Incorporated or Qualified To Do Business in Florida 3/4/96				
City & State City & State				5. FEI Number 93-1198980			ed For Applicable	
p Country Zip		Country		6. S8.75 A		SB.75 Additional Fe	ee required	
7. Names and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit corpora	tions must list at lea	st 3 directors)				
Title(s) Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director (Do NOT Use Post Office Box No		Cit	y / State / Zip		
			1320 Coburg Industrial Way			97408		
VSD Nepute, John W. 91320 Cob			rg Industr	ial Way	Coburg, OR	97408		
S Massey, Henry P.		650 Page Mill Road			Palo Also, (SA - 94304-14	950.	
(printer	CAREN	T 97-	98	g 5		<u>12476-</u> 8010110		
REINSTATEMENT 91-90				*****300.00 ****300.00				
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
CT Corporation System Street Address (P.C					O. Box Number is Not Acceptable)			
1200 South Pine Island Road Plantation, FL 33324			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
			City State Zip Code					
10. I, being appointed the registered agent of the abox	named corpo	ration, art familiar wi	Ih and accept the ob	ligations of Section		FL		
Signature of Registered Agent RIGHT ALENI MUST SIGN STATE 4-27-48								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. (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: Kay L. Toolson, CEO 4/20/98 (219) 862-7211 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylimo Phone #								