

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006723**

1. Corporation Name

**SOUTHERN MILL CREEK PRODUCTS OF OHIO, INC.**

Principal Place of Business

Mailing Address

18319 NOTTINGHAM ROAD  
CLEVELAND OH 44119

18319 NOTTINGHAM ROAD  
CLEVELAND OH 44119



REINSTATEMENT

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

12/23/1996

5. FEI Number

34-0968564

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
PD	EVANS, THOMAS E	18319 NOTTINGHAM ROAD	CLEVELAND OH 44119
DTS	CICKAVAGE, JOSEPH J	18319 NOTTINGHAM ROAD	CLEVELAND OH 44119
C	KIRCHNER, WILLIAM L	18319 NOTTINGHAM ROAD	CLEVELAND OH 44119

700024014567  
10/22/03-01055-005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**PETER F. SOUZA**  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/20/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICE CHAIRMAN CEO 10/14/03 2164818104

CR2040 (7/03)



**Southern Mill Creek Products of Ohio, Inc.  
18319 Nottingham Rd.  
Cleveland, OH 44119**

**216-481-8404**

**800-321-3294**

October 14, 2003

Florida Department of Revenue  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

RE: Document #F96000006723

Southern Mill Creek Products of Ohio, Inc. did not receive their two prior uniform business report notices from the State of Florida.

Enclosed please find our check #41215 dated October 14, 2003 in the amount of \$150.00 for the fee to file the report without penalty.

If you have any questions, I can be reached at 216-481-8404.

Thank you in advance for your cooperation.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Thomas E. Evans', is written over a faint, circular embossed seal. The signature is fluid and cursive.

Thomas E. Evans  
Vice Chairman CEO

enc.

cc: D. Sneiderman, CPA  
File

10/14/2003 10:00 AM  
10/14/2003 10:00 AM

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