

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 17 PM 12:57

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F97000003618

1. Corporation Name

Gentek Restructuring, Inc.

400004617464--1
-10/01/01--01030--004
***1050.00 ***1050.00

2. Principal Office Address

29325 Chagrin Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

← (Same)

Suite, Apt. #, etc.

City & State

Cleveland, OH

City & State

← (Same)

Zip

44122

Country

USA

Zip

← (Same)

Country

← (Same)

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/1997

SP

5. FEI Number

31-1533669

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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 Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date 9-10-01

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
CHAIRMAN	William J. Macdonald	29325 Chagrin Blvd.	Cleveland, OH 44122
VICE CHAIRMAN	John A. West	555 California St. Suite 4850	San Francisco, CA 94104
PRES. & CEO	R. Kenneth Waldron	29325 Chagrin Blvd.	Cleveland, OH 44122
EVP & CFO	Mark A. Gamble	29325 Chagrin Blvd.	Cleveland, OH 44122
SENIOR V.P.	Darrin L. King	29325 Chagrin Blvd.	Cleveland, OH 44122
SENIOR V.P.	Daniel R. Taylor	29325 Chagrin Blvd.	Cleveland, OH 44122

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:

Mark A. Gamble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/5/01

(216) 514-3516

Daytime Phone #