

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 14 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97815

1. Corporation Name

Seyer Corporation
Post Office Box 901
Millville, PA 17846

900016220359
04/17/03--01075--029 **2100.00

REINSTATEMENT 94-03

2. Principal Office Address

80 Main Street

3. Mailing Office Address

Post Office Box 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Millville, PA 17846

City & State

Millville, PA

Zip

17846

Country

USA

Zip

17846

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/82

5. FEI Number

592214531

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard A. Jacobson

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

501 E. Kennedy Blvd., Ste. 1700

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

Date

3/27/03

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
DP	Karl R. Girton	80 Main Street	Millville, PA 17846
S	Michael Hamilton	80 Main Street	Millville, PA 17846

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:

Karl R. Girton, President

Date

3/31/03

Daytime Phone #

(570) 458-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

94 4/15