

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003963

1. Corporation Name

THE HUDSON-SHARP MACHINE COMPANY

Principal Place of Business

Mailing Address

630 FIFTH AVE., SUITE 1530
ROCKEFELLER CENTER
NEW YORK NY 10111

630 FIFTH AVE., SUITE 1530
ROCKEFELLER CENTER
NEW YORK NY 10111

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.

975 Lombard Avenue

Suite, Apt. #, etc.

975 Lombard Ave., P.O. Box 19038

City & State

Green Bay, WI

City & State

Green Bay, WI

Zip

54307-9038

Country

USA

Zip

54307-9038

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1998

5. FEI Number

52-2101868

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
DP	KOHL, STEWART A	TERMINAL TOWER, 50 PUBLIC SQ., S	CLEVELAND OH 44113
DVS	ABLON, BROOKE	630 FIFTH AVE., SUITE 1530	NEW YORK NY 10111
P	Peter Hatchell	975 Lombardi Ave	Green Bay, WI 54307
CFO	Gary P. Reinert	975 Lombardi Ave.	Green Bay, WI 54307
			400003087544-3 -01/04/00-01064-012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Michael B. Gustafson
REGISTERED AGENT MUST SIGN

Date

11.29.99

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

11/22/99

Date

920-446-13KE

Daytime Phone #