

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| <b>APPLICATION FOR REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |                    | 99 DEC -2 PM 12: 23<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA         |  |
| <b>DOCUMENT #</b> F9800000 5157                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | 1. Corporation Name<br>Scapa Paper Machine Clothing (Dryer) Inc.                                          |                    | <b>REINSTATEMENT 99</b>                                                   |  |
| Principal Place of Business<br>2500 Scapa Road<br>Waycross, GA 31503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | Mailing Address<br>2500 Scapa Road<br>Waycross, Ga, 31503                                                 |                    | 4. Date Incorporated or Qualified To Do Business in Florida<br>03/11/1998 |  |
| 2. New Principal Office Address, if Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | 3. New Mailing Address, if Applicable                                                                     |                    | 5. FEI Number<br>58-2378101                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | Suite, Apt. #, etc.                                                                                       |                    | Applied For<br><input type="checkbox"/>                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | City & State                                                                                              |                    | Not Applicable<br><input type="checkbox"/>                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | Country                                                                                                   |                    | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>      |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 Directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                           |                    |                                                                           |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2                                 | 3                                                                                                         | 4                  |                                                                           |  |
| Title(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)                       | City/State/Zip     |                                                                           |  |
| Chairman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I.J. Fearnhead                    | 5400 Glenwood Avenue Suite 218                                                                            | Raleigh, NC, 27612 |                                                                           |  |
| Pres.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | W.R. Harden, Jr.                  | 5400 Glenwood Avenue Suite 218                                                                            | Raleigh, NC, 27612 |                                                                           |  |
| Gen. Man. V.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | L.G. Taylor                       | 2500 Scapa Road                                                                                           | Waycross, GA 31503 |                                                                           |  |
| Sec., Tres.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T.E. Steedley                     | 2500 Scapa Road                                                                                           | Waycross, GA 31503 |                                                                           |  |
| 8. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                           |                    |                                                                           |  |
| CT Corporation System<br>1200 South Pine Island Road<br>Plantation, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                           |                    |                                                                           |  |
| 9. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                           |                    |                                                                           |  |
| Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>500003064255--2<br>Suite, Apt. #, Etc. -12/08/99--01026--016<br>City FL Zip Code 31500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                           |                    |                                                                           |  |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                           |                    |                                                                           |  |
| Signature of Registered Agent<br><i>Chack Shamp...</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Assistant Secretary<br>REGISTERED AGENT MUST SIGN                                                         |                    | Date<br>November 18, 1999                                                 |  |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                           |                    |                                                                           |  |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (A), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(A) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>T.E. Steedley</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | T.E. Steedley                                                                                             |                    | 11-19-99 912-283-4302                                                     |  |
| SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                           |                    |                                                                           |  |