PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI ISTATEM			S	DEPART Secretary	y of St		E	11 H	FILED		
DOCUMENT # f98000005667 1. Corporation Name Polysius Corp.									SEOR TALLA	ETARY OF STA AHASSEE, FLOI	ŘÍDA	
Suite, Apt. #, etc. Suite, Apt. #,					erstate North Parkway			<u>у</u>	300198594683 03/18/1101036009 ***900.00 cr2E081 (11/10)			
Suite 300 Suite 30					00			_	Date Incorporated or Qualified To Do Business in Florida 10/09/1998			
				l '	city & state Atlanta, Georgia				5. FEI Number Applied For 58-2362089 Not Applicable			
Zip 30339	a	Country USA		Zip 30339		Country	-		6. CERTIFICATE OF STATUS DESIRED			onal Fee required ficate of Status
		7. Nar	me and Address of		tered Agen	ıt						
Name Corporation Service Compan Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.					у			,	16-4 REINSTATEMENT			
City Tallahassee						State Zip Code FL 32301-2525				(13 3	124/1	Ì
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT MUST SIGN								he obi	Date			
9. Names	and Street A	ddresses	of Each Officer and	/or Director (Flo	rida nonpro	ifit corpo	rations must list r	at lea	st 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo					Cit	y / State / Zip		
D/P	Mark S. Terry				180 Interstate North Parkway, #			way, #300	Atlanta, G	Seorgia	30339	
S	Lawre	Lawrence C. Paulson				180 Interstate North Parkway, #30			way, #300	Atlanta, G	eorgia	30339
V/AS	Jame	James M. Vogeley				180 Interstate North Parkway, #30			way, #300	Atlanta, G	Seorgia	30339
D	Detle	Detlev Kupper				180 Interstate North Parkway, #30			way, #300	Atlanta, G	Seorgia	30339
D	Detlev Rose				180 Interstate North Parkway, #30			way, #300	Atlanta, G	Seorgia	30339	
D Friedrich Dierkes 1					180 Int	180 Interstate North Parkway, #			way, #300	Atlanta, Georgia 30339		
10. E-mail Address: johnston@polysius.com johnston@polysius.com johnston@polysius.com (To be used for future annual report hotification)												
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 807 or 817, 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. (am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINYED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **												



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Florida Department of State Corporation Reinstatement Polysius Corp. Document No. f98000005667

Continuation Sheet

9. Names and Street Addresses of Each Officer and/or Director

Titles	Name of Officers and/or Directors	Street Address of Each	City/State/Zip		
		Officer and/or Director			
TO	Robert N. Aginian	180 Interstate North	Atlanta, Georgia		
		Parkway, #300	30339		