

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED *pg 1 of 2*

**APPLICATION  
FORM  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

1997 JUN -5 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02265*

1. Corporation Name

Central Manufacturing, Inc.

Mailing Address

Principal Place of Business

5025 Swetland Court  
Richmond Hts., Ohio 44143-1467

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

63-0835569

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
D/P/ T	Jeffrey I. Friedman	5025 Swetland Court	Richmond Hts., Ohio 44143-1467
V/S	Susan M. Friedman	5025 Swetland Court	Richmond Hts., Ohio 44143-1467
			400002202614--E

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Charlotte Rexie Cruz*

Date

6-6-97

Charlotte Rexie Cruz, Assistant Secretary

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

13. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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:

*[Signature]*

5-27-97 (216)  
473-8700



ACCOUNT NO. : 072100000032

REFERENCE : 413482 4308508

AUTHORIZATION : *Mark R. Walsen*

COST LIMIT : \$ 1080.00

ORDER DATE : June 3, 1997

ORDER TIME : 8:33 AM

ORDER NO. : 413482-005

CUSTOMER NO: 4308508

CUSTOMER: Cathleen Klocek, Legal Asst  
JONES DAY REAVIS & POGUE

North Point  
901 Lakeside Avenue  
Cleveland, OH 44114

DOMESTIC FILING

NAME: CENTRAL MANUFACTURING, INC.

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Warren Whittaker

EXAMINER'S INITIALS: \_\_\_\_\_

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