

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -7 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/02/02--01061--008

***1350.00 ***1350.00



REINSTATEMENT 98-02

DOCUMENT # P21605

1. Corporation Name

DUTCHMEN MFG., INC.

Principal Place of Business

305 STEURY AVENUE
GOSHEN IN 46526

Mailing Address

305 STEURY AVENUE
GOSHEN IN 46526

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

35-1829522

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	SYLVESTER, GLEN M.	22590 WEATHERBY LANE	ELKHART IN
V	BENNETT, WALTER	419 W PIKE ST	JACKSON CENTER OH
VP	HORNE, CHRISTINE	50885 TIMBER TR	GOSHEN IN
P	FLOREA, RICHARD W.	15644 WAGON WHEEL	GRANGER, IN.
V	PAUL, STEVE M.	50710 CHESTNUT RIDGE DR.	GRANGER, IN.
V	SCHWARTZHOFF, MARK C.	809 BAINBRIDGE PLACE	GOSHEN, IN.

8. Name and Address of Current Registered Agent

GRISSOM, CARL P.
5574 WILLIAMS DRIVE
FT. MYERS BEACH FL 33931

9. Name and Address of New Registered Agent

Name
CT CORPORATE SYSTEMS
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.
City
PLANTATION
State
FL
Zip Code
33324

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

Susan J. Morte

Susan J. Morte
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date February 22, 2002

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: MARK C. SCHWARTZHOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

219/534-1224

Daytime Phone #