

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 FEB 19 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P21605*

1. Corporation Name

Dutchmen Mfg., Inc.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

2164 Caragana Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

2164 Caragana Ct.

Suite, Apt. #, etc.

City & State

Goshen, IN

City & State

Goshen, IN

Zip

46526

Country

USA

Zip

46526

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1988

5. FEI Number

35-1829522

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

CT Corporation Systems

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

1200 South Pine Island Road

Suite, Apt. #, etc.

Suite 250

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

Peter F. Souza
Assistant Secretary

Date

2/5/07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Richard W. Florea	2164 Caragana Ct.	Goshen, IN 46526
V	Steve M. Paul	2164 Caragana Ct.	Goshen, IN 46526
S	Walter Bennett	419 W. Pike St.	Jackson Ctr. OH

10. 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 contained in Chapter 119, 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

Rich W. Florea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/07 (SW) **534-1224**

Daytime Phone #