PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 NOV 15 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/07/99--01077--019
*****758.75 *****750.00

DOCUMENT # P22151

1. Corporation Name

INDUSCO SOUTH, INC.

Principal Place of Business	Mailing Address
~~1200 WEST HAMBURG STREET~~ ~~BALTIMORE MD 21209~~	~~1200 WEST HAMBURG STREET~~ ~~BALTIMORE MD 21209~~

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
Suite, Apt. #, etc. 429 TALLEYRAND AVE	Suite, Apt. #, etc. 444 THIRD ST.
City & State JACKSONVILLE, FL	City & State NEPTUNE BEACH, FL
Zip 32202-1129 Country US	Zip 32266 Country US

4. Date Incorporated or Qualified To Do Business In Florida: 12/16/1968

5. FEI Number: 59-2921119 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROSENBLATT, HOWARD	1200 W. HAMBURG STREET	BALTIMORE MD
VSD	EMANUEL, HORN	1200 W. HAMBURG STREET	BALTIMORE MD
~~AST~~ D	~~PROTZKO, GAYLE L~~ OTIS DUFRENE	~~1200 W. HAMBURG STREET~~ 1200 W. HAMBURG ST	~~BALTIMORE MD~~ BALTIMORE, MD
PD	PATRICH, JOHN	~~4200 W. HAMBURG STREET~~ 429 TALLEYRAND AVE.	~~BALTIMORE MD~~ JACKSONVILLE, FL 32202
~~D~~ D	~~DISALVO, CARL~~ HOWARD SCHLOSS	1200 W HAMBURG ST	BALTIMORE MD
~~D~~ VTD	~~HEDRICK, JEFF~~ PAUL N. SINGER	1200 W HAMBURG ST	BALTIMORE MD

8. Name and Address of Current Registered Agent

HOULD, STEPHEN A
444 THIRD STREET
NEPTUNE BEACH FL 32266

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

REINSTATEMENT

CR2E040 (6/99)

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: Nov. 8, 1999

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 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: John A. Patrich Jr 10/18/99 904-355-3403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President