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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

P28625

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 AM 11:03

◄ Read Instructions on Other Side Before Making Entries ►
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P28625

REG 107352
CLESTRA HAUSERMAN, INC.
29525 FOUNTAIN PKWY
SOLON OH 44139

BK

REINSTATEMENT 1993 - 1995
8/13/93

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
29525 FOUNTAIN PKWY

City and State Zip Code
SOLON OH 44139

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4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
3/26/1990	31-1273294	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	~~PASTORE, CARMEN A~~ HOGAN, WILLIAM	29525 FOUNTAIN PKWY	SOLON OH
V	~~BIKARD, JEAN LUC~~ GAFFNEY, SHAWN	29525 FOUNTAIN PKWY	SOLON OH
S	~~MCCARTHY, TIMOTHY J.~~ AGUEITAZ, ALAIN	~~200 PARK AVENUE~~ 29525 FOUNTAIN PKWY	~~NEW YORK NY~~ SOLON OH
D	~~PAUZE, JEAN CHARLES~~ DOUAY, MICHEL	29525 FOUNTAIN PKWY	SOLON OH
~~AT~~	~~GIBBONS, DANIEL E.~~	~~29525 FOUNTAIN PKWY~~	~~SOLON OH~~
~~V~~ T	HOGAN, WILLIAM BIKARD, JEAN-LUC	29525 FOUNTAIN PKWY	SOLON

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. If changed, new registered agent/office

Name 000001423050
-03/07/95--01044--014
****775.00 ****775.00

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City | State: FL. | Zip

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 C T Corporation System
Gil S. Apelis, Asst. Secretary REGISTERED AGENT MUST SIGN

Date 1/19/95

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 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 of Officer or Director [signature] Date 2/9/95 Daytime Phone # (216) 498 5000

Typed or printed name of signing officer or director