

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 NOV -8 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31566

1. Corporation Name

CATHODIC PROTECTION SERVICES COMPANY

Principal Place of Business

Mailing Address

1090 ENTERPRISE DR
MEDINA OH 44256
US

POB 1179
MEDINA OH 44258
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

c/o Corporate Tax

1055 West Smith Rd.

Medina, OH

44256

USA

REINSTATEMENT

2000

4. Date Incorporated or Qualified To Do Business in Florida

10/29/1990

5. FEI Number

52-1519084

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	ROG, J W	1090 ENTERPRISE DR	MEDINA OH 44256
V	KYGAR, R D	7000 B HOLLISTER, HOUSTON, TX	HOUSTON TX
D	BAACH, M K	1090 ENTERPRISE DR	MEDINA OH 44256
STD	RESTIVO, N R	1090 ENTERPRISE DR	MEDINA OH 44256
V	<i>Mayer, Robert M.</i>	<i>1055 West Smith Rd.</i>	<i>Medina, OH 44256</i> <i>500003465335-7</i> <i>-11/15/00-01129-002</i> <i>*****750.00 *****750.00</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent *LS*

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

Name

500003465335-7

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

11/15/00-01129-003

Suite, Apt. #, Etc.

******8.75 *****8.75*

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

[Signature]
REGISTERED AGENT MUST SIGN

JOYCE A. GILBERT

ASSISTANT SECRETARY

Date *11-3-2000*

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:

[Signature] Robert M. Mayer 10/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)