

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN 19 PM 4:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P32273**

1. Corporation Name

VAPOR CORPORATION

Principal Place of Business

Mailing Address

6420 W HOWARD ST
 NILES IL 60648
 US

~~1001 AIR BRAKE AVE~~
 %CORP FINANCE
 WILMERDING PA 15148
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 00-01

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

4. Date Incorporated or Qualified To Do Business in Florida

12/26/1990

SP

5. FEI Number

22-3029817

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
VD	KASSLING, WILLIAM E	1001 AIR BRAKE AVE	WILMERDING PA
VSD	BROOKS, ROBERT J	1001 AIR BRAKE AVE	WILMERDING PA
VT	FORSLUND, ROBERT	6420 W HOWARD ST	NILES IL 60648
V	NIPPES, KEITH	6420 W HOWARD ST	NILES IL
S	DENINNO, DAVID L	435 SIXTH AVE	PITTSBURGH PA
Asst Secy.	Bob Hurka	1001 Air Brake Ave.	Wilmerding PA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

300003576599-0
 NILES IL 60648
 ***750.00 ***750.00

300003576599-0
 -01/26/01--01059--007
 ***150.00 ***150.00
 FL

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

M SIGNATURE REQUIRED

Date

1-18-01

REGISTERED AGENT MUST SIGN

MARCEYL SMITH Asst. Secy.

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:

Bob Hurka SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-08-01 412-825-1357

CR2E040 (8/00)