OCT-25-2005 11:58

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P36137

1. Entity Name
BELWITH INTERNATIONAL LTD. COMPANY

FILED
05 NOV 29 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3100 BROADWAY AVE SW GRANDVILLE, MI 49418 US	P.O. BOX 60021 CHARLOTTE, NC 28260 US

10112005 REIN-F CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 95-2026086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. 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) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE Claudia L. Saal Asst. Secretary 10/25/05
Signature, name or printed name of registered agent and title if applicable. (NOTE: Required when changing registered agent.) Date

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, ROBERT 425 POST RD. FAIRFIELD, CT 06430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800061747028 11/29/05--01029--004 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PELKA, JOHN 955 GODGREY SW GRAND RAPIDS, MI 49503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BILES, JOHN WEST HOUSE, KING CROSS RD. HALIFAX, WEST YORKSHIRE, HX11EB	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PORTER, MICHAEL WEST HOUSE, KING CROSS RD. HALIFAX, WEST YORKSHIRE, HX11EB	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/29
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UM FEDOR, ANDY 955 GODFREY SW GRAND RAPIDS, MI 49503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: 11-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #