

FILED

04 MAR -8 PM 1:09

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000073353

1. Corporation Name

Manuli Hydraulics (Americas) Inc.

2. Principal Office Address

5892 West 71st Street

Suite, Apt. #, etc.

City &amp; State

Indianapolis, IN

Zip

46278

Country

U.S.A

3. Mailing Office Address

5892 West 71st Street

Suite, Apt. #, etc.

City &amp; State

Indianapolis, IN

Zip

46278

Country

U.S.A

REINSTATEMENT 01-04

4. Date Incorporated or Qualified  
To Do Business in Florida 9/21/955. FEI Number  
650630496Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent  
REGISTERED AGENT MUST SIGN

Date 3-4-04

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mr.	Paolo Seghi, Director/President	5892 West 71st Street	Indianapolis, IN 46278
Mr.	Paolo Carugati, Director	5892 West 71st Street	Indianapolis, IN 46278
Mr.	Peter Kermond, Director	5892 West 71st Street	Indianapolis, IN 46278
Mr.	Luca Coccioli, Secretary	5892 West 71st Street	Indianapolis, IN 46278
Ms.	Tina Schubert, Treasurer	5892 West 71st Street	Indianapolis, IN 46278

10. 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)(f), 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: Luca Coccioli   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEBRUARY 23, 2004

CR2E981 (01/04)