FILED
13 MAY -3 AM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000091482

1. Corporation Name

Scandinavian Tool Systems, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4294 E. Fifth Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Columbus, OH	
Zip / Country	Zip / Country
43219 / USA	

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida
10/13/1999

5. FEI Number
59-2986908
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, etc.

City / State / Zip Code
Plantation / FL / 33324

000247491030
05/01/13--01018--004 **1325.00

000247491030
05/01/13--01018--005 **25.00

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: Marina M. Reel, Assistant Sec. Date: 4/30/13
REGISTERED AGENT MUST SIGN

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
P/CEO	Rolf A. Ostling	4294 E. Fifth Ave.	Columbus, OH 43219

REINSTATEMENT
2009 / 13
1,350.00

10. E-mail Address:
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: ROLF OSTLING 16/4/2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. HAWKES
MAY 06 2013
EXAMINER