


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV 12 PM 3: 51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **853805**

1. Corporation Name
FASCO INDUSTRIES, INC.

Principal Place of Business 500 CHESTERFIELD CENTER STE. 200 CHESTERFIELD MO 63017 US	Mailing Address 500 CHESTERFIELD CENTER STE. 200 CHESTERFIELD MO 63017 US
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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

4. Date Incorporated or Qualified To Do Business in Florida	08/18/1982
5. FEI Number	48-0916085
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TR PID	PALAZZI, JOSEPH	500 CHESTERFIELD CENTRE	CHESTERFIELD MO 63017
S SID	DEVYLDER, EDGAR	1000 ONE MAIN PL	STAMFORD CT 06902
GG VIT	SAMPSON, DAN Beloup, Merlin	500 CHESTERFIELD CENTER, #200	CHESTERFIELD MO 63017
			600002348116--5 -11/14/97--01109--013 ****750.00 ****750.00 9/24/97 11/2/97

REINSTATEMENT

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
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 See Attached Statement Date _____
 RE REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: Merlin Beloup Nov. 4, 97 314-530-8004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (8/97)

ACCEPTANCE OF APPOINTMENT

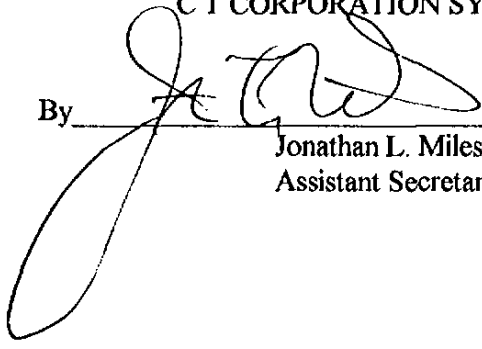
RE: **FASCO INDUSTRIES, INC. (DE DOM)**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: October 29, 1997

C T CORPORATION SYSTEM

By



Jonathan L. Miles,
Assistant Secretary