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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 DEC 10 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT <b>09-13</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>F02000006238</b>		1. Corporation Name <b>MACON ELBCTRIC COIL, INC.</b>	
2. Principal Office Address - No P.O. Box <b>2271 ARBOR BLVD</b>		3. Mailing Office Address	
State, Apt., R, etc. <b>OH</b>		City or State	
City or State <b>DAYTON, OH</b>		City or State	
Zip <b>45439</b>	Country <b>USA</b>	Zip	Country
7. Name and Address of Current Registered Agent <b>NRAI Services, Inc.</b> 1200 South Pine Island Road		4. DATE Incorporated or Qualified To Do Business in Florida (2/10/2002)	
City <b>Plantation</b>		5. FEIN NUMBER <b>431828666</b>	
State <b>FL</b>		Applied For <b>NO Oppositi</b>	
Zip Code <b>33324</b>		6. CERTIFICATE OF STATUS DESIRED 6B7C Additional Fee required for a Certificate of Status	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0405 or 617.0503, F.S.		Date <b>12/10/2013</b>	
Signature of Registered Agent <i>Chris Goughner, asst. sec.</i>		REGISTERED AGENT MUST SIGN	
9. Name and Street Address of each Officer and/or Director (Florida nonprofit corporations must file at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<b>SEE ATTACHED</b>		
10. E-mail Address: <b>8THOMAS@MCDONALDHOPKINS.COM</b>			
(To be used for future annual report submission)			
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. Further certification with 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. 617.156, F.S.			
SIGNATURE: <i>[Signature]</i>		Date: <b>8/30/13</b> <b>790-478-8373</b>	
Name and Title of Officer or Director		Daytime Phone	

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K. ASHTON

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<b>CORPORATE OFFICERS:</b>	Chad Merkel - COO	199 E. State St., Newcomerstown, OH 43832
	Barry L. Kasoff - CRO	199 E. State St., Newcomerstown, OH 43832
<b>BOARD OF DIRECTORS:</b>	Stephen Presser	199 E. State St., Newcomerstown, OH 43832
	Justin Hillenbrand	199 E. State St., Newcomerstown, OH 43832
	John Stewart	199 E. State St., Newcomerstown, OH 43832
	Daniel Cleary	199 E. State St., Newcomerstown, OH 43832
	Mindy Bartel	199 E. State St., Newcomerstown, OH 43832

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Florida Department of State  
Division of Corporations  
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To:

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Division of Corporations  
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CORPORATION REINSTATEMENT  
MACON ELECTRIC COIL, INC.

Certificate of Status	0
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