

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002904**

1. Corporation Name

BOHLER-UDDEHOLM CORPORATION

Principal Place of Business

4902 TOLLVIEW DRIVE
ROLLING MEADOWS IL 60008

Mailing Address

4902 TOLLVIEW DRIVE
ROLLING MEADOWS IL 60008



REINSTATEMENT 2003

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-1420260

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	RAIDL, CLAUD J	MODECENTERSTRASSE 14/A/3	A-1030 VIENNA, AUSTRIA
PD	SVENDSEN, ERIK	4902 TOLLVIEW DRIVE	ROLLING MEADOWS IL 60008
SD	PILLI, AL	4902 TOLLVIEW DRIVE	ROLLING MEADOWS IL 60008
D	KONIGSLEHNER, HORST	MODECENTERSTRASSE 14/1/3	A-1030 VIENNA, AUSTRIA
D	NILSSON, BENGT	SE-683 85	HAGFORS, SWEDEN
D	STIX, HEIMO	MODECENTERSTRASSE 14/A/3	A-1030 VIENNA, AUSTRIA

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

500024806435
11/18/03--01057--003 **758.75

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. or 617.0505, F.S.

Signature of
Registered Agent

James A. Bordonaro
Assistant Secretary

Date

11/12/03

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/03 847/577-2220

Date

Daytime Phone #

CR2E040 (7/03)