

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -8 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04359

1. Corporation Name

OIL-DRI CORPORATION OF AMERICA

Principal Place of Business

410 N MICHIGAN AVE
CHICAGO IL 60611
US

Mailing Address

410 N MICHIGAN AVE
CHICAGO IL 60611
US

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

REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

12/17/1984

5. FEI Number

36-2048898

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	JAFFEE, DANIEL S.	410 N MICHIGAN AVE	CHICAGO IL
V	HARDIN, RICHARD V.	410 N MICHIGAN AVE	CHICAGO IL
S	BLAND, LOUIS T. JR GOLDBERG, MICHAEL	410 N MICHIGAN AVE	CHICAGO IL
T	PIETROWSKI, RICHARD	410 N MICHIGAN AVE	CHICAGO IL
D	JAFFEE, ROBERT D. JAFFEE, RICHARD M	801 KILPATRICK AVE. 410 N MICHIGAN AVE	CHICAGO IL
D	COLE, J. STEVEN	1407 CUMMINGS DR.	RICHMOND VA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLATATION FL 33324	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	000003054260-9
	City	-11/24/99--01063--018 ***750-00 ***750-00 FL State Zip Code

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: *Vicky Goldstein*
VICKY GOLDSTEIN
 SPECIAL ASSISTANT SECRETARY Date 11-5-99
 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: *Michael J. Kelly* Date 11/19/99 Daytime Phone # 312 321-1515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR