

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 30 PM 3:41

DOCUMENT # **P04359**

1. Corporation Name

OIL-DRI CORPORATION OF AMERICA

Principal Place of Business

Mailing Address

410 N MICHIGAN AVE
 CHICAGO IL 60611
 US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/17/1984	
City & State		City & State		5. FEI Number	
Zip		Country		36-2048898	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 00

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	MERDON RICHARD LIBERT, JEFFREY M.	410 N MICHIGAN AVE	CHICAGO IL
S	DISCOBRO RICHARD VETERE, ROBERT L.	410 N MICHIGAN AVE	CHICAGO IL
T	PIETROWSKI, RICHARD	410 N MICHIGAN AVE	CHICAGO IL
D	JAFFEE, RICHARD M.	901 KILPATRICK 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 200003493042--8 Street Address (P.O. Box Number is Not Acceptable) -12711/00--01025--021 Suite, Apt. #, Etc. ***750.00 ***750.00 City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with the regulations of Section 607.0505, F.S.

Signature of Registered Agent: Barbara A. Beer SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN
 Date: 10-24-00

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: Richard Pietrowski TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 RICHARD PIETROWSKI
 Date: 19 Oct 2000
 Daytime Phone #: 312-321-1515

CR2E040 (8/00)