

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

12/17/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-2048898

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)

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	<del>MERDON RICHARD</del> LIBERT, JEFFREY M.	410 N MICHIGAN AVE	CHICAGO IL
S	<del>DISCOVERED MICHIGAN</del> 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

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

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*  
**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**

19 Oct 2000  
 Date

312-321-1515  
 Daytime Phone #

CR2E040 (8/00)

REINSTATEMENT 00