

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -9 AM 9:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **837007**

1. Corporation Name
CARTIER, INCORPORATED

Principal Place of Business TWO CORPORATE DRIVE SHELTON CT 06484 US	Mailing Address TWO CORPORATE DRIVE SHELTON CT 06484 US
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REINSTATEMENT

9600

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 P.O. Box 186		4. Date Incorporated or Qualified To Do Business in Florida 09/14/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-2852910	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
COB	DESTINO, RALPH	C/O 2 EAST 52ND STREET	NEW YORK NY
V	SAAGE, GARY A JR.	16 CRABAPPLE LANE	SANDY HOOK CT
V	FILOTEI, R	66 SASCO HILL RD	FAIRFIELD CT
C	GORDON, NEAL	C/O 2 EAST 52ND STREET	NEW YORK NY
V	BROWN, J	316 MARIOMI RD	NEW CANAAN CT
P	CRITCHELL, S.	955 FIFTH AVE	NEW YORK NY

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 80002024578--5 Suite, Apt. #, Etc. -12/10/96-01072-017 ****375.00 ****375.00 City State FL Zip Code	
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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.
Signature of Registered Agent: *[Signature]* **PETER F. SOUZA** Date: **12/2/96**
REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.)

12. 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)(f), 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]* **CARTIER, INCORPORATED** Date: **11/22/96** Daytime Phone #: **203-925-653**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR