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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842764

1. Corporation Name

Schindler Elevator Corporation

REINSTATEMENT (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
20 Whippany Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Morristown, NJ	City & State
Zip: 07960 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/8/1979

5. FEI Number: 34-1270056 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 9/28/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chairman	Jacob Zueger	20 Whippany Road	Morristown, NJ 07960
Pres.	Scott L. Stadelman	20 Whippany Road	Morristown, NJ 07960
Secy/Pres.	John S.M. Kamash	20 Whippany Road	Morristown, NJ 07960
VP/Treas.	R. H.Y. Watanabe	20 Whippany Road	Morristown, NJ 07960
Asst. Treas.	James A. Frey	20 Whippany Road	Morristown, NJ 07960

10. 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 contained in Chapter 119, 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: _____ 9/28/07 Date 973-397-6276 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell OCT 1 2007

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

SCHINDLER ELEVATOR CORPORATION

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