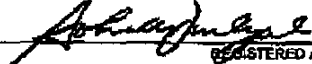
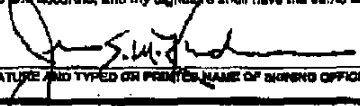


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FILED

07 OCT - 1 AM 3:40
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			
2. Principal Office Address - No P.O. Box # 20 Whippany Road		3. Mailing Office Address	
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 ☐ SS 73. Certificate of Status required for corporations and limited liability companies.			
☐ 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.			
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
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./Treas.	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: 		9/28/07 913-397-6276 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Michael OCT 1 2007

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
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Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

SCHINDLER ELEVATOR CORPORATION

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