

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F01000001225

1. Corporation Name

FRAMATOME ANP, INC.

Principal Place of Business

3315 OLD FOREST ROAD
LYNCHBURG VA 24506-0935

Mailing Address

P.O. BOX 10005
LYNCHBURG VA 24506-0935

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
OF 28

City & State

Zip
24501

Country

3. New Mailing Office Address, If Applicable

3315 OLD FOREST ROAD
OF 28

City & State
LYNCHBURG VA

Zip
24501

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2001

5. FEI Number

54-1536465

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCEO	CHRISTOPHER, THOMAS E	3315 OLD FOREST ROAD	LYNCHBURG VA 24506
SVP	BEAM, GEORGE B	3315 OLD FOREST ROAD	LYNCHBURG VA 24506
V	COOK, ANDREW G	3315 OLD FOREST ROAD	LYNCHBURG VA 24506
V	GANTHNER, RAYMOND W	3315 OLD FOREST ROAD	LYNCHBURG VA 24506
V	BLICKENSTAFF, STEVEN M	3315 OLD FOREST ROAD	LYNCHBURG VA 24506
SVP	MATHESON, JOHN E	3315 OLD FOREST ROAD	LYNCHBURG VA 24506

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300024205389

10/28/03 01045 011

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

SIGNATURE

DAVID F. GUZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE SECRETARY

10-22-03

Date

434-832-2703

Daytime Phone #

CR2E040 (7/03)



FRAMATOME ANP

An AREVA and Siemens Company

FRAMATOME ANP, Inc.

October 22, 2003

Department of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: FEI Number 54-1536465
Reinstatement for Framatome ANP, Inc.

Dear Department of State:

This letter is being provided for Framatome ANP, Inc. as a result of not having any record of receiving any prior Uniform Business Report Notices to date for filing our Corporation Annual Report. Therefore, we hereby ask you to waive the reinstatement fee of \$600 since we did not receive any prior UBR notices.

Enclosed please find a check in the amount of \$150 for filing of the annual report. Thank you for your kind consideration to this matter. If you have any questions or concerns regarding this matter, please contact me at 434-832-2703 and direct any correspondence to my attention.

Best Regards,

FRAMATOME ANP, INC.

David F. Guza
Corporate Secretary

drk
enclosures