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2002 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

M01000000008

APPLICATION FOR REINSTATEMENT LLC UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -5 PM 5:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**1.** DOCUMENT # M01000000008

Name and Mailing Address

0006989 01 FP 0.352 **PRSRT T1 0 0615 13221-480000
CARRIER SALES AND DISTRIBUTION, LLC
CARRIER PARKWAY, P.O. BOX 4800
SYRACUSE NY 13221-4800

12/5 2002

CR2E084 (8/02)

**2.** New Mailing Address

City, State, Zip

**4.** State/Country of Formation: DE

**5.** Date Organized or Qualified To Do Business In Florida: 01/02/2001

Principal Place of Business: CARRIER PARKWAY, P.O. BOX 4800, SYRACUSE NY 13221

**3.** New Principal Place of Business Address

City, State, Zip

**6.** FEI Number: 06-0991716 ☐ Applied For ☐ Not Applicable

**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

**8.** Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**9.** Name and Address of New Registered Agent

Name

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

000009356430
12/05/02--01004--003 **150.00

City: FL Zip Code

**10.** I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent M L Smith Date 11-18-02

REGISTERED AGENT MUST SIGN MARCEY L. SMITH

**11.** Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| Manager | Robert E. Galli | One Carrier Place | Farmington, CT 06034 |
| Manager | Anthony J. Guzzi | Carrier Parkway | Syracuse, NY 13221 |
| Manager | Angelo J. Messina | One Carrier Place | Farmington, CT 06034 |
| | FF $50 | | |
| | OP | | |
| | | | |

**12.** I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 11/13/2002 Daytime Phone # _____

Typed or printed name of signing Manager/Member/Manager Anthony J. Guzzi