

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **831894**

1. Corporation Name

**TRUMBULL CORPORATION**

Principal Place of Business

1020 LEBANON ROAD  
PITTSBURGH PA 15227

Mailing Address

P.O. BOX 98100  
PITTSBURGH PA 15227

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/26/1974**

5. FEI Number

**25-1021993**

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
PD P	HECHT, ROBERT G MEZEY, GEORGE E.	2077 BLAIRMONT DR. 444 WORTHINGTON DRIVE	PITTSBURGH PA 15241 MARS PA 16046
DVT	CLARK, STEPHEN M.	1046 GRANDVIEW FARMS DR	BETHEL PARK PA
AS	COCCAGNA, DOMINIC R	1350 STULTZ RD	BETHEL PARK PA 15102
VD	ROWE, CLIFFORD R	125 FROEBE RD	VENETIA PA 15367
D	ROWE, DIANE D.	125 FROEBE RD	VENETIA PA 15367
D	HECHT, JANE D	2077 BLAIRMONT DR	PITTSBURGH PA 15241

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)

Suite, Apt. #, Etc.

City

**480004672424-7**

**-11/08/01--01046--005**

**\*\*\*\*750-00 \*\*\*\*750-00**

FL

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-16-01**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/15/01**

**412-462-9300**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 22 PM 12:37



REINSTATEMENT

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CR2E040 (8/01)