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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD4056**

1. Corporation Name

USBI Co.

FILED
09 DEC -7 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-09

2. Principal Office Address - No P.O. Box # 17900 Beeline Highway		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jupiter, Florida		City & State	
Zip 33458	Country USA	Zip	Country

CR2E081 (11/08)

4. Date Incorporated or Qualified To Do Business in Florida March 9, 1984	
5. FBI Number 59-2425729	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ See Instructions on page 2 of this form.	

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 Rd.	
Suite, Apt. #, Bldg.	
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, and familiar with and accept the obligations of section 807.0506 or 817.0503, F.S.	
Signature of Registered Agent	SALVINA ANENTA-GRAY REGISTERED AGENT MUST SIGN 12/8/09

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations file NC101 at 10/1/01 officers)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Christopher B. McDavid	6633 Canoga Avenue	Canoga Park, CA 91309
Director	Steven Bouley	17900 Beeline Highway	Jupiter, Florida 33458
	See Attachment A		

10. E-mail Address: stephen.swigart@pw.utc.com

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 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: <i>Stephen B. Swigart</i>	Stephen B. Swigart	12/4/2009	860-565-3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

JC 12/8

**Florida
Attachment A
USBI Co.**

Officers

Steven Bouley	President	17900 Beeline Highway, Jupiter, FL 33458
Robert R Cochran	Treasurer	17900 Beeline Highway, Jupiter, FL 33458
Christopher B. McDavid	Secretary	6633 Canoga Avenue, Canoga Park, CA 91309
Stephen B. Swigert	Assistant Secretary	400 Main Street East Hartford, CT 06108
Susan Brattebo	Assistant Secretary	17900 Beeline Highway, Jupiter, FL 33458
Despina A. Zoef	Assistant Secretary - Tax	1 Financial Plaza, Hartford, CT 06101
James R. Hebert	Assistant Secretary - Tax	10 Farm Springs Road, Farmington, CT 06032
Michael R. Woznyk	Assistant Secretary - Tax	10 Farm Springs Road, Farmington, CT 06032
Jeanne H. Dornstaeder	Assistant Secretary - Tax	10 Farm Springs Road, Farmington, CT 06032
Paul A. Bousquet	Assistant Secretary - Tax	1 Financial Plaza, Hartford, CT 06101

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Account Number : FCA000000023
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Fax Number : (850) 878-5368

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**CORPORATION REINSTATEMENT
USBI CO.**

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Certified Copy	0
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