PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
Jan 29, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P16009

1. Corporation Name

AMERICAN INSULATED WIRE CORPORATION

02/04/03--01075--012 **150.00

REINSTATEMENT 02

Principal Place of Business	Mailing Address
36 FREEMAN ST PAWTUCKET RI 02861 US	36 FREEMAN ST P. O. BOX 880 PAWTUCKET RI 02862-0880 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/17/1987

5. FEI Number: 05-0097940 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
COB	KANNER, EDWIN B.	36 FREEMAN ST.	PAWTUCKET, RI.
S	SOKOLOW, STEPHEN	36 FREEMAN ST.	PAWTUCKET, RI.
P	BONDE, WILLIAM J.	36 FREEMAN ST.	PAWTUCKET, RI.
D	LEVITON, HAROLD	59-25 LITTLENECK PKWY.	LITTLENECK NY
~~V~~	~~CHIZEN, HARLAN H.~~	~~36 FREEMAN STREET~~	~~PAWTUCKET RI~~

11/15/02--01078--029 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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: Barbara A Burke REGISTERED — Date: 1-23-03

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this reinstatement application as required by 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 — William J. Bonde — 11/4/02 — 401-726-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #