

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

01 NOV 28 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **247745**

1. Corporation Name  
**MOHANSIC CORP.**

Principal Place of Business

Mailing Address

3493 CROMPOD RD  
YORKTOWN HEIGHTS NY 10598-0701

727 CENTRAL AVENUE  
SCARSDALE NY 10583

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-0860809

Applied For

Not Applicable

City & State

City & State

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
DST	CURRY, B. F. JR	50 INVERNESS RD	SCARSDALE NY 10583
DPA	CURRY III, B F	6 DOLPHIN PLACE DALPHEN DRIVE	RYE NY 10580
A	CURRY-YOUNG, LEIGH	4505 VICTORIA DRIVE	MT. KISCO NY 10549
AD	BERNAECCIA, ROBIN BERNACCHIA	90 CONSTANT AVENUE	YONKERS NY
			300004732673--8 12/19/01-01003-022 ****758.75 ****758.75

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 Zip Code  
**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

*Robert L. ...*  
REGISTERED AGENT MUST SIGN

Date 11-26-2001

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:

*Robert L. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.17.01

Date

914-723-9202

Daytime Phone #

CFR26040 (8/01)