

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

99 DEC 27 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **343440**

1. Corporation Name

Eyelet Specialty Co., Inc.

Principal Place of Business

Mailing Address

c/o Risdon Corp.  
One Risdon Street  
Naugatuck, CT 06770

**REINSTATEMENT**

97-99

000003096900--0

-01/13/00--01007--001

\*\*\*1050.00 \*\*\*1050.00

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

4-24-68

Suite, Apt. #, etc.

Suite, Apt. #, etc.

One Crown Way

City & State

City & State

Philadelphia, PA

Zip  
19154-4599

Country

Zip

Country

5. FEI Number

59-1399731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Alan W. Rutherford	One Crown Way	Philadelphia, PA 19154
D	Richard L. Krzyzanowski	One Crown Way	Philadelphia, PA 19154
D	John W. Conway	One Crown Way	Philadelphia, PA 19154
P	Thomas J. Dunleavy	One Crown Way	Philadelphia, PA 19154
VP/T	Michael B. Burns	One Crown Way	Philadelphia, PA 19154
VP/S	William T. Gallagher	One Crown Way	Philadelphia, PA 19154
Asst. S	Michael J. Rowley	One Crown Way	Philadelphia, PA 19154

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

State  
**FL**

Zip Code

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

*Ann J. Williams*

**ANN J. WILLIAMS**

Assistant Vice-President

REGISTERED AGENT MUST SIGN

Date

12/23/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*William T. Gallagher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

By: William T. Gallagher, Vice President and Secretary

Date

12/21/99

Daytime Phone #

(215) 698-5100