


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2017 OCT 16 PM 1:06

SECRETARY OF STATE
 600 N. GULF BLVD., SUITE 300
 TALLAHASSEE, FL 32301-2700

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 806001					
1. Corporation Name MORETRENCH AMERICAN CORPORATION					
2. Principal Office Address - No P.O. Box # 100 STICKLE AVE. State, Apt #, etc. City & State ROCKAWAY, NJ Zip 07866 Country USA		3. Mailing Office Address 100 STICKLE AVE. State, Apt #, etc. City & State ROCKAWAY, NJ Zip 07866 Country USA		4. Date incorporated or Qualified To Do Business in Florida 10/25/1945	
				5. FET Number 22-1126840	
				6. CERTIFICATE OF STATUS DESIRED	
				7. Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name C T CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
State, Apt #, etc.					
City Plantation		State FL		Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.					
Signature of Registered Agent <i>Sierra Burris</i>				Date 10-13-17	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City/State/Zip	
CEO	CORWIN, ARTHUR B	12 MARK TWAIN DRIVE		MORRISTOWN, NJ 07960	
VST	TELESMANICH, RICHARD C	81 BAYLOR AVENUE		HILLSDALE, NJ 07642	
P	CORWIN, ARTHUR B	12 MARK TWAIN DRIVE		MORRISTOWN, NJ 07960	
VP	MCCANN, JOSEPH M	53 WALSINGHAM ROAD		MENDHAM, NJ 07945	
VP	MCHUGH, MICHAEL M	119 RIDGE ROAD		ARDSLEY, NY 10502	
REINSTATEMENT					
OCT 16 2017					
10. E-mail Address: jkiernan@moretrench.com (To be used for future Annual report notification)					
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 I sign 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 317.155, F.S.					
SIGNATURE: Arthur B. Corwin				Date: 10-13-17	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				973-627-2100 Daytime Phone #	

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
MORE TRENCH AMERICAN CORPORATION**

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OCT 16 2017
R. HUNT

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