

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 SEP 20 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 816275

1. Corporation Name

Trans-Lux Corporation

800290410378

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

445 Park Avenue

445 Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2001

Suite 2001

City & State

City & State

New York, NY

New York, NY

Zip

Country

Zip

Country

10022

USA

10022

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/10/62

5. FEI Number

13-1394750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Courtney Williams, Asst. V.P.

REGISTERED AGENT MUST SIGN

Date 09-20-2016

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	Jean-Marc Allain	445 Park Avenue, Suite 2001	New York, NY 10022
CFO	Robert J Conologue	445 Park Avenue, Suite 2001	New York, NY 10022
VP	Todd Dupee	445 Park Avenue, Suite 2001	New York, NY 10022
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>
<b>2015-2016</b>			<b>SEP 20 AM</b>
			<b>EXAMINER</b>

10. E-mail Address: tdupee@trans-lux.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 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., 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.817.155, F.S.

SIGNATURE:

Todd Dupee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/16

212-897-9955

Date

Daytime Phone #

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 295220 4321329  
AUTHORIZATION : *Spud Clement*  
COST LIMIT : \$ 900.00

ORDER DATE : September 19, 2016  
ORDER TIME : 9:14 AM  
ORDER NO. : 295220-010  
CUSTOMER NO: 4321329

REINSTATEMENT

NAME: TRANS-LUX CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
15 SEP 20 AM 10:47  
SUFFICIENCY OF FILING