

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 823026

1. Corporation Name

CARILLON IMPORTERS LTD

Principal Place of Business

Mailing Address

SIX LANDMARK SQUARE
STAMFORD CT 06901
US

SIX LANDMARK SQUARE
STAMFORD CT 06901
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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1969

5. FEI Number

13-1576042

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	PHILIPS, CHARLES A. PAUL A. CLINTON	SIX LANDMARK SQUARE	STAMFORD CT 06901
SVPS	WIMBUSH, L. KEITH	SIX LANDMARK SQUARE	STAMFORD CT 06901
T	URICH, WILLIAM F	SIX LANDMARK SQUARE	STAMFORD CT 06901
D	PHILIPS, CHARLES A	SIX LANDMARK SQUARE	STAMFORD CT 06901
D	HOWARD-SORRELL, LINDA	SIX LANDMARK SQUARE	STAMFORD CT 06901
D	WIMBUSH, L. KEITH	SIX LANDMARK SQUARE	STAMFORD CT 06901

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

200003491012--3

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

-12/08/00--01008--025

Suite, Apt. #, Etc.

200003491012--3

City

-12/08/00--01008--025

*****8.75 State \$176008.75

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

EDWARD G. WILSON
Assistant Vice President
REGISTERED AGENT MUST SIGN

Date 11/21/00

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)(l), 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.

KE

SIGNATURE:

Mary Kramm, Asst. Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-2000

Date

203-359-7134

Daytime Phone #