


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 22 PM 12:37

DOCUMENT # **831894**

1. Corporation Name  
**TRUMBULL CORPORATION**

Principal Place of Business Mailing Address

1020 LEBANON ROAD P.O. BOX 98100  
 PITTSBURGH PA 15227 PITTSBURGH PA 15227



REINSTATEMENT 01

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

4. Date Incorporated or Qualified To Do Business in Florida **02/26/1974**

5. FEI Number **25-1021993** 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
PP P	HECHT, ROBERT G MEZEY, GEORGE E.	2077 BLAIRMONT DR. 444 WORTHINGTON DRIVE	PITTSBURGH PA 15241 MARS PA 16046
DVT	CLARK, STEPHEN M.	1046 GRANDVIEW FARMS DR	BETHEL PARK PA
AS	COCCAGNA, DOMINIC R	1350 STULTZ RD	BETHEL PARK PA 15102
VD	ROWE, CLIFFORD R	125 FROEBE RD	VENETIA PA 15367
D	ROWE, DIANE D.	125 FROEBE RD	VENETIA PA 15367
D	HECHT, JANE D	2077 BLAIRMONT DR	PITTSBURGH PA 15241

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. **400004672424-7**

City **FL** State **FL** Zip **3350-00**

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 *[Signature]* **SIGNATURE REQUIRED** Date **10-16-01**

REGISTERED AGENT MUST SIGN *Asst Secy*

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: *[Signature]* **SIGNATURE REQUIRED** Date **10/15/01** Daytime Phone # **412-462-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)