

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 DEC 24 AM 11:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **843840**

1. Corporation Name
HENRY F. TEICHMANN, INC.

Principal Place of Business Mailing Address
3009 WASHINGTON RD. **3009 WASHINGTON RD.**
MCMURRAY PA 15317 **MCMURRAY PA 15317**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/02/1979	
City & State		City & State		5. FEI Number	
Zip		Zip		25-0933019	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT *97*

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	TEICHMANN, NEWTON N.	53 HIGHLAND ROAD	BETHEL PARK PA
P/S/T	MCINTYRE, ARCHIE L.	136 NORTH HEIDE LANE	MCMURRAY PA
SR	BUCKS, GARY H.	103 CANTERBURY LANE	MCMURRAY PA

12-24-97

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: **2000002385102-3**
 Street Address (P.O. Box Number is Not Acceptable): **-12/29/97-01133-022**
 Suite, Apt. #, Etc.: *****750.00 ***750.00**
 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: *Lisa K. Pastor* Date: **12-10-97**
 LISA K. PASTOR, ASST. SECY

11. This corporation owes or has paid 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)(j), 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: *Archie McLean*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E040 (8/97)