

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

DOCUMENT # 846224

1. Corporation Name

OPTEK-NICOLET HOLDINGS INC.

00 DEC -5 PM 5:16

Principal Place of Business

5225 VERONA ROAD  
MADISON WI 53711

Mailing Address

C/O TAX DEPT  
81 WYMAN ST.  
WALTHAM FL 02254  
US

REINSTATEMENT 00

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

06/13/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

39-1085016

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	LOWRY, STEVEN R	5225 VERONA RD	MADISON WI 53711
VP	DAVIG, DALE C.	5225 VERONA RD	MADISON I
P	HOWE, BARRY S	8 FORGE PARKWAY	FRANKLIN MA 02038
T	APICERNO, KENNETH	81 WYMAN STREET	WALTHAM MA 02454
S	LAMBERT, SANDRA L	81 WYMAN ST.	WALTHAM MA 02254
AS	AGHABABIAN, ROBERT V	81 WYMAN ST.	WALTHAM MA 02254

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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.

City

7000003500477-2

-12/13/00--01107--004

\*\*\*750.00 State Fee 250.00

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

AMY BERTELETTI

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

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:

Robert V Aghababian, Assistant Secretary

Date

Daytime Phone #

11-22-00

CR2ED40 (8/00)