

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # 847288**

1. Corporation Name

**FAIRCHILD WESTON SYSTEMS INC.**

Principal Place of Business

277 PARK AVE  
41ST FLOOR  
NEW YORK NY 10172

Mailing Address

277 PARK AVE  
41ST FLOOR  
NEW YORK NY 10172

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

10/21/1980

5. FEI Number

74-2117854

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)

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
P	SORGIE, FRANK A	277 PARK AVE	NEW YORK, NY 0
V	FULD, LEONARD	277 PARK AVE	NEW YORK, NY 0
<del>V</del>	<del>GAUDIER, DALE</del>	<del>277 PARK AVE</del>	<del>NEW YORK, NY</del>
S	SUMNER, ELEN	277 PARK AVE	NEW YORK, NY

700002375747--2  
-12/17/97--01110--007  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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

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

Theresa Taylor REGISTERED AGENT MUST SIGN

Date 11/12/97

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)(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:

Frank A. Sorigie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/97 2127350-9400  
Date Daytime Phone #

FILED

97 DEC 15 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR20040 (8/97)