

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 351293

1. Corporation Name

RPI CORP.

Principal Place of Business

RAILROAD AVE  
PO BOX 142  
BEACON FALLS CT 06403  
US

Mailing Address

RAILROAD AVE  
PO BOX 142  
BEACON FALLS CT 06403  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1981

5. FEI Number

06-0996054

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	EMIL, ARTHUR D.	240 CENTRE ST, APT. 3N,	NEW YORK NY
<del>SD</del> CD	<del>KIAM II, VICTOR K</del> KIAM ELLEN L.	<del>11097 ISLEBROOK COURT</del> 230 BARTON AVE	<del>PALM BEACH FL</del> PALM BEACH, FL
PD	KIAM III., VICTOR K.	14 EAST 75TH STREET	NEW YORK NY
VCEO	NOVAK, ALEX	140 GREEN HILL ROAD	MIDDLEBURY CT
T	QUEENAN, JOHN	115 TONE LEIGH ROAD	TRUMBULL CT 06611
			200008596922 10/25/02 01003 012 **750.00

8. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYES ST.  
STE 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

203-723-6664 x27

CR2E040 (8/02)

Via Fed. Ex

TO

Ms. Nancy Manganello  
CSC  
2711 Centerville Rd. Suite 400  
Wilmington, DE 19808  
(Phone) 302-636-5450

FROM

**RPI  
CORP**

ALEX NOVAK  
Vice President

Post Office Box 142  
Murtha Industrial Park  
Beacon Falls, CT 06403  
(203) 723-6664 FAX (203) 729-5241  
EXT. 127

Dear Nancy,

Enclosed is our application for reinstatement  
in the State of Florida and our check for \$750.00.  
Please sign the form where required and forward  
to the State of Florida.

We are particularly annoyed because we  
did not receive the Annual Report form nor  
did we receive the second notice. Please  
bring this to the attention of the Department of  
State by sending them a copy of this letter.

Please call me at the above phone after  
this matter has been dealt with. Thanks  
for your help.

SIGNED

Alex Novak

DATE

10/21/02