

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 # 852987

1. Corporation Name

WESCO MANUFACTURING, INC.

Principal Place of Business

% SHEEHAN, PHINNEY, BASS & GREEN
1000 ELM ST.
MANCHESTER NH 03101

Mailing Address

% SHEEHAN, PHINNEY, BASS & GREEN
1000 ELM ST.
MANCHESTER NH 03101

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

05/26/1982

5. FEI Number

02-0360988

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
VD	STEARNS, KATHRYNE B	P O BOX 190 N/A	AMHERST NH 03031
PTD	STEARNS, WILLIAM E JR	P O BOX 190 N/A	AMHERST NH 03031
S	REISCHE, ALAN L.	1000 ELM STREET	MANCHESTER NH 03105

8. Name and Address of Current Registered Agent

HOUSTON, JR., CLARENCE H.
1600 ATLANTIC BANK BLDG.
P.O. BOX 479
JACKSONVILLE FL 32201

9. Name and Address of New Registered Agent

Name
Bonnie J. Wisenburg
Street Address (P.O. Box Number is Not Acceptable)
10227 Elmhurst Drive
Suite, Apt. #, Etc.

City
Jacksonville
State
FL
Zip Code
32218

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

Bonnie J. Wisenburg

REGISTERED AGENT MUST SIGN

Date 9/16/98

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/98 (603) 673-4204
Date Daytime Phone #

FILED

98 SEP 18 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

CR2E040 (8/97)