

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

1997 NOV 12 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **853805**

1. Corporation Name

**FASCO INDUSTRIES, INC.**

Principal Place of Business

500 CHESTERFIELD CENTER  
STE. 200  
CHESTERFIELD MO 63017  
US

Mailing Address

500 CHESTERFIELD CENTER  
STE. 200  
CHESTERFIELD MO 63017  
US

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

08/18/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

48-0916085

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)

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
PR PID	PALAZZI, JOSEPH	500 CHESTERFIELD CENTRE	CHESTERFIELD MO 63017
8 SID	DEVYLDER, EDGAR	1000 ONE MAIN PL	STAMFORD CT 06902
66 VIT	SAMPSON, DAN Beloup, Merlin	500 CHESTERFIELD CENTER, #200	CHESTERFIELD MO 63017
			600002348116--5 -11/14/97--01103--013 ****750.00 ****750.00 9/24/97 11/12/97

**REINSTATEMENT**

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

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 See Attached Statement

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 4, 97

Date

314-530-8004

Daytime Phone #

CR2040 (8/97)

## ACCEPTANCE OF APPOINTMENT

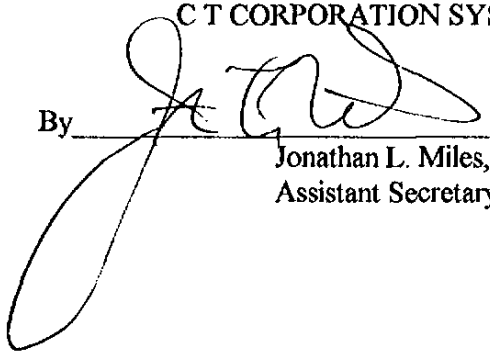
RE: FASCO INDUSTRIES, INC. (DE DOM)

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: October 29, 1997

CT CORPORATION SYSTEM

By

  
Jonathan L. Miles,  
Assistant Secretary