

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -2 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001078

1. Corporation Name

HAMILTON SUNDSTRAND MANAGEMENT SERVICES, INC.

2. Principal Office Address

One Hamilton Road

Suite, Apt. #, etc.

City & State

Windsor Locks, CT

Zip

Country

3. Mailing Office Address

One Hamilton Road

Suite, Apt. #, etc.

City & State

Windsor Locks, CT

Zip

Country

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/29/2000

5. FEI Number

061165866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Christine M. Eastwine
Assistant Secretary

Date

11/4/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Edward M. Francis	One Hamilton Road	Windsor Locks, CT 06096-1010
C/D	James Gingrich	4747 Harrison Avenue	Rockford, IL 61108
T/D	Todd Kallman	One Hamilton Road	Windsor Locks, CT 06096-1010
S	Michael A. Monts	One Hamilton Road	Windsor Locks, CT 06096-1010
AS	James A. Cherry	One Hamilton Road	Windsor Locks, CT 06096-1010
AT	Joseph S. Gest	One Hamilton Road	Windsor Locks, CT 06096-1010

10. 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: James A. Cherry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/02

Date

860-654-2988

Daytime Phone #

CR2E081 (9/01)