

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
2004 ART.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000002319

1. Corporation Name

SLT SUBSIDIARY, INC.

Principal Place of Business

Mailing Address

147 KEYSTONE DRIVE
MONTGOMERYVILLE PA 18936

147 KEYSTONE DRIVE
MONTGOMERYVILLE PA 18936

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

04/27/2000

5. FEI Number

23-3039999

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
D	STEWART, MICHAEL R	147 KEYSTONE DRIVE	MONTGOMERYVILLE PA 18936
VSTD	WOODWARD, DAVIS	147 KEYSTONE DRIVE	MONTGOMERYVILLE PA 18936
PD	CRUTCHFIELD, ROBERT	1001 23RD AVE	TUSCALOOSA AL 35405
PD	O'Donnell, Jeffrey	147 Keystone Drive	Montgomeryville PA 18936
VSTD	McGrath, Dennis	147 Keystone Drive	Montgomeryville PA 18936

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Walter Reddick

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

17106 Heart of Palms Drive

Suite, Apt. #, Etc.

City

Tampa

State

Zip Code

FL

33647

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. or 617.0505, F.S.

Signature of
Registered Agent

Walter W. Reddick Jr.

Date 8-2-04

REGISTERED AGENT MUST SIGN

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:

A. Davis Woodward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04

Date

215-619-3600

Daytime Phone #

CR2E040 (7/03)