

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT -1 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500004641945--8
-10/18/01--01066--001
****750.00 ****750.00

DOCUMENT # F00000004210

1. Corporation Name

Sargent Electric Company

2. Principal Office Address

2801 Liberty Avenue

Suite, Apt. #, etc.

City & State

Pittsburgh, PA

Zip

15222

Country

USA

3. Mailing Office Address

28th+Liberty Avenue

Suite, Apt. #, etc.

P.O. Box 30

City & State Allen: Accounting

Pittsburgh, PA

Zip

15230

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

FL 07/26/00

5. FEI Number

25-0935920

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

Mary Lou Mulkeen
REGISTERED AGENT MUST SIGN

Date 9/27/01

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	John D. Sargent	2801 Liberty Avenue	Pittsburgh, PA 15222
CEO/ C.D.	Frederic B. Sargent	"	"
C/D	Edward J. Sargent	"	"
V	Charles J. Peckham	"	"
CFO/ V/T/S	Robert D. Bowen	"	"

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)(l), 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:

Robert D. Bowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 28, 2001

Daytime Phone #

412 394-7571

CR2E081 (9/00)