

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN -2 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000003734**

1. Corporation Name

**SUNDYNE CORPORATION**

Principal Place of Business

14845 WEST 64TH AVENUE  
ARVADA CO 80007

Mailing Address

P.O. BOX FH  
ARVADA CO 80007



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/2001

5. FEI Number

84-1340781

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	4 City / State / Zip
<del>P</del>	<del>RUFFNER, PHILLIP</del>	<del>14845 WEST 64TH AVENUE</del>	<del>ARVADA CO 80007</del>
V	MAGION, GEROGE	14845 WEST 64TH AVENUE	ARVADA CO 80007
SD	MONTS, MICHAEL A	ONE HAMILTON ROAD	WINDSOR LOCKS CT 06096
TD	ROGAN, THOMAS	ONE HAMILTON ROAD	WINDSOR LOCKS CT 06096
<del>B</del>	<del>BLUEBORN, TODD</del>	<del>ONE HAMILTON ROAD</del>	<del>WINDSOR LOCKS CT 06096</del>

See Attachment A

800009771428  
01/02/03--01004--013 \*\*750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

CR2E040 (8/02)

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

**SIGNATURE REQUIRED**  
**James M. Halpin**  
REGISTERED AGENT MUST SIGN Assistant Secretary

Date

11. 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 #

Sundyne Corporation  
14845 W. 64<sup>th</sup> Avenue  
P.O. Box FH  
Arvada, CO 80007

Annual Report - 2002  
FEID: 84-1340781

## Attachment A

### Officers & Directors

Edwin W. Laprade	D
James E. Baker	AS
James A. Cherry	AS
Edward R. Gailing	AS
Joseph S. Gest	AT
Todd Kallman	T/D
George M. Mangion	VP
Steven Miller	AT
Michael A. Monts	VP/GCS/D
William E. Rosenthal	AS
Philip H. Ruffner	P
Douglas J. Twyford	VP

1 Hamilton Road, Windsor Locks, CT 06096-1010  
4747 Harrison Avenue, Rockford, IL 61108  
1 Hamilton Road, Windsor Locks, CT 06096-1010  
1 Hamilton Road, Windsor Locks, CT 06096-1010  
1 Hamilton Road, Windsor Locks, CT 06096-1010  
1 Hamilton Road, Windsor Locks, CT 06096-1010  
14845 W. 64<sup>th</sup> Ave., Arvada, CO 80007  
1 Hamilton Road, Windsor Locks, CT 06096-1010  
1 Hamilton Road, Windsor Locks, CT 06096-1010  
1 Hamilton Road, Windsor Locks, CT 06096-1010  
14845 W. 64<sup>th</sup> Ave., Arvada, CO 80007  
14845 W. 64<sup>th</sup> Ave., Arvada, CO 80007