

From: CORSAIR DISPLAY SYSTEMS, INC 585 396 5953

01/05/2004 13:22 #357 P.002/002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

04 MAR 19 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005514

1. Corporation Name

CORSAIR DISPLAY SYSTEMS, INC.

REINSTATEMENT 03-04

Principal Place of Business	Mailing Address
2493 BRICKYARD ROAD CANANDAIGUA NY 14424	2493 BRICKYARD ROAD CANANDAIGUA NY 14424



3/2/04-01059-006 150.00

2/19/04-01044-001 750.00

4. Date Incorporated or Qualified
To Do Business in Florida 10/22/2001

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

5. FEI Number

16-1335367

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
PCD	MANSFIELD, DAVID W	45 BOUGHTON HILL RD	HONEOYE FALLS NY
VST	LEET, ALLISON J	7753 LOWER FISHERS RD	FISHERS NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMPEY-TRACY, LAURIE
5551 BEACH ELDER WAY
MELBOURNE BEACH FL 32951

Name

National Corporate Research, Ltd., Inc.

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

103 N. Meridian

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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 617.0605, F.S.

Signature of
Registered Agent

Karen McKown
REGISTERED AGENT MUST SIGN

Date

1/5/04

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)(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:

Allison Leet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04
Date

585-396-3480
Daytime Phone #