

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 FEB 24 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000295950550

CR2E081 (11/10)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F01000005679

1. Corporation Name

Vocollect, Inc.

2. Principal Office Address - No P.O. Box #

703 Rodi Road

Suite, Apt. #, etc

City & State

Pittsburgh, PA

Zip

15235

Country

USA

3. Mailing Office Address

c/o Honeywell Scanning & Mobility

Suite, Apt. #, etc

9680 Old Bailes Road

City & State

Fort Mill, SC

Zip

29707

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2001

5. FEI Number

25-1554121

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

M. Zender

Melissa Zender

REGISTERED AGENT MUST SIGN

Asst. Vice President

Date

2/24/17

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
Dir.	Gretchen Kelly	1985 Douglas Drive N.	Golden Valley, MN 55422
Dir.	John Oppold	9680 Old Bailes Road	Fort Mill, SC 29707
Dir.	Taylor Smith	9680 Old Bailes Road	Fort Mill, SC 29707
Pres.	Taylor Smith	9680 Old Bailes Road	Fort Mill, SC 29707
Treas.	John J. Tus	115 Tabor Road	Morris Plains, NJ 07950
officers see attached list.			

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10. E-mail Address: joanne.mccarthy@honeywell.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that this information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 522444 5029517
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1,950.00

ORDER DATE : February 23, 2017
ORDER TIME : 9:46 AM
ORDER NO. : 522444-010
CUSTOMER NO: 5029517

REINSTATEMENT

NAME: VOCOLLECT INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

FEB 24 2017

EXAMINER'S INITIALS R. HUNT