

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB 09 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F05000005926

1. Corporation Name

EXTEC, INC.

800143190348  
02/09/09--01055--022 \*\*750.00

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

10 INDUSTRIAL HIGHWAY

Suite, Apt. #, etc.

BUILDING Y-1

City & State

LESTER, PA

Zip

19113

Country

USA

3. Mailing Office Address

P.O. BOX 355

Suite, Apt. #, etc.

City & State

ESSINGTON, PA

Zip

19029

Country

USA

**REINSTATEMENT** 06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

11-19-2002

5. FEI Number

06-1665401

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

NRAI SERVICES, INC.

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

2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.

SUITE 4

City

WESTON

State

FL

Zip Code

33331

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

by: Lindsey Klemencic  
Lindsey Klemencic / Assistant Secretary

Date 02/05/2009

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	KENNETH SAUER	310 ASCOT COURT	NORTH WALES PA 19454
S	KETH A. SMITH	12456 BALSTON RD.	PHILA, PA 19154

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 contained in Chapter 119, 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:

Keth A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-2009

Date

610-521-1448

Daytime Phone #