

1 of 3 pgs

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 JAN 30 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F05000007489

1. Corporation Name

Reichert, Inc.

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

1100 Cassatt Road

Suite, Apt. #, etc.

City & State

Berwyn, PA

Zip

19312

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2005

5. FEI Number

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

500268984085

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

Harry B. Davis  
Asst. Vice President

Date 01/27/2015

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
	see attached list		

10. E-mail Address:

(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 false 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:

DAVID A. FRANK

1-29-2015

610-647-2121

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RE 2/6/15

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Corporate Staffing for

Reichert, Inc.

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15 JAN 30 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Directors	
Name	Address
Robert R. Mandos	1100 Cassatt Road, Berwyn, PA 19312
David A. Zapico	1100 Cassatt Road, Berwyn, PA 19312
Bruce P. Wilson	1100 Cassatt Road, Berwyn, PA 19312

Officers		
Name	Title	Address
Bruce P. Wilson	President	1100 Cassatt Road, Berwyn, PA 19312
Robert S. Felt	Vice President	1100 Cassatt Road, Berwyn, PA 19312
Kathryn E. Sena	Secretary	1100 Cassatt Road, Berwyn, PA 19312
William J. Burke	Treasurer	1100 Cassatt Road, Berwyn, PA 19312
David A. Frank	Assistant Treasurer	1100 Cassatt Road, Berwyn, PA 19312

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ACCOUNT NO. : I20000000195  
REFERENCE : 484867 5030939  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 1,500.00

FILED  
15 JAN 30 AM 9:18  
DEPARTMENT OF STATE  
FILING OFFICE  
WASHINGTON, D.C.

ORDER DATE : January 30, 2015

ORDER TIME : 4:03 PM

ORDER NO. : 484867-025

CUSTOMER NO: 5030939

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF LEGAL ATTACHMENT  
15 JAN 30 PM 4:38  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

REINSTATEMENT

NAME: REICHERT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_