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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 30 PM 2:46

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000005741

1. Entity Name
ARTONE MFG. CO., INC.

Principal Place of Business	Mailing Address
107 INSTITUTE ST. JAMESTOWN, NY 14701	107 INSTITUTE ST. JAMESTOWN, NY 14701

10212008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 16-1021850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 10/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $700.00
After January 1, 2009, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALIMERI, MICHAEL 107 INSTITUTE ST. JAMESTOWN, NY 14701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALIMERI, SEBASTIAN 107 INSTITUTE ST. JAMESTOWN, NY 14701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EGGLESTON, ANNA M. 107 INSTITUTE ST. JAMESTOWN, NY 14701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DONISI, SALLY 107 INSTITUTE ST. JAMESTOWN, NY 14701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 10/30/08 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALIMERI, ROSARIO 107 INSTITUTE ST. JAMESTOWN, NY 14701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDOSI, JOSEPH 107 INSTITUTE ST. JAMESTOWN, NY 14701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10-28-08 716 664-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

ARTONE MFG. CO., INC.

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