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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

PLEWS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$900.00~~

Please waive Penalty fees. Thanks. $300.00

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -2 PM 3:45

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000050341

09-10 B2/1d

REINSTATEMENT

H10000022923

CR2E091 (11/09)

1. Corporation Name

Plews, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Route 38 East	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Airport Industrial Park	
City & State	City & State
Dixon, Illinois	
Zip / Country	Zip / Country
61021 / USA	

4. Date Incorporated or Qualified To Do Business In Florida: 1-24-2008

5. FEI Number: 26-1613100 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☒ 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 617.0505, F.S.

Signature of Registered Agent: Laura Broderick Assistant Secretary Date: 2/1/10

REGISTERED AGENT MUST SIGN

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
DVPT	Daniel J. Disser	1551 Wewatta Street	Denver, Colorado 80202
DVP	Steven H. Lutz	1551 Wewatta Street	Denver, Colorado 80202
AS	Kathleen Sullivan	1551 Wewatta Street	Denver, Colorado 80202
C	Clarence Carr	Route 38 East, Airport Industrial Park	Dixon, Illinois 61021
S	George S. Papparlitu	6450 Poe Avenue, Suite 109	Dayton, Ohio 45414
AS	Diane Rusk	1551 Wewatta Street	Denver, Colorado 80202

10. E-mail Address: tmoyer@tomkins.co.uk
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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, 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.

SIGNATURE: _____ 2/1/10 931-254-7310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR3.0 - 01/21/2010 CT System Online