

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001906

1. Corporation Name

USCO DISTRIBUTION SERVICES, INC.

Principal Place of Business

Mailing Address

22 SPENCER STREET
NAUGATUCK CT 06770

22 SPENCER STREET
NAUGATUCK CT 06770

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1993

5. FEI Number

06-1170182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP	FRICK, JOHN J.	22 SPENCER ST.	NAUGATUCK CT
VC	SMITH, LAURENCE R	22 SPENCER STREET	NAUGATUCK CT
D	KEMPNER, THOMAS L	61 BROADWAY, 24TH FLOOR	NEW YORK NY 10006
XTC	HOLMES, THOMAS R.	22 SPENCER STREET	NAUGATUCK CT
P	Away, Robert	22 Spencer Street	Naugatuck, CT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

3000002702213-3

-12/03/98--01092--002

***750.00 ***750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Wicky Goldstein
REGISTERED AGENT MUST SIGN

REQUIRED
SPECIAL ASSISTANT SECRETARY

Date 11-23-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

John Frick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-98 203-597-5300

FILED

98 NOV 25 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98

CR25040 (8/93)