

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 NOV 27 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000227**

1. Corporation Name

GRETAG IMAGING, INC.

Principal Place of Business

2070 WESTOVER ROAD
CHICOPEE MA 01020

Mailing Address

2070 WESTOVER ROAD
CHICOPEE MA 01020



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-2787508

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATEMENT**

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
GPST T	O'NEENEY, JAMES A EDWARD BRUNNER	25 TWIN HILLS DR	LONGMEADOW MA
DN	GUDMENDSON, GUNNAR G	70 HALL HILL ROAD	SOMERS CT
SN P, D	RECKER, WILLIAM	6 SCAFE ROAD	SEWICKLEY PA
AT/S	GEORGE, DONALD	100 ALVORD ST.	SO. HADLEY MA
D	HANS ZULLIGER	ALTHARDSTRASSE 70 CH 8105	Regensdorf SWITZERLAND
V	PAUL L. BOLES	43 FOREST GLEN RD.	LONGMEADOW, MA 01106
V	MARK J. DESIMONE	84 BROOKWOOD PR.	Westbrook, CT 06498

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

600002018796-3

City

12/04/96 81001-015
****383, FL ****383.75

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

[Signature]
TANYA M. VILLAR
SPECIAL ASSISTANT SECRETARY

Date

11-26-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD GEORGE, SECRETARY

Date

Daytime Phone #