

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 10 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1200.00 ***1200.00

DOCUMENT # **F94000000736**

1. Corporation Name

FAG Bearings Corporation

2. Principal Office Address

200 Park Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1931

Suite, Apt. #, etc.

City & State

Danbury, CT

City & State

Danbury, CT

Zip

06813

Country

USA

Zip

06813-1931

Country

USA

REINSTATEMENT

97-07

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1994

5. FEI Number

06-1345693

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

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

LS

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

July 10, 2000

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
P-	Dieter Kuetemeier	146 Mill Road	Stamford, CT 06908
I, AS	Gino DiTomaso	271 Shelter Rock Road	Stamford, CT 06903
D	Dr. Uwe Loos	Hauptmannsreute 122	70193 Stuttgart, Germany
D	John McClaskey	228 River Drive Southport, NC	Southport, NC 28461
D	Larry Hickey	8458 Cedar Drive	Joplin, MO 64804
D	Brian O'Brian III	1250 Crest Drive	Joplin, MO 64801

10. 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:

Gino DiTomaso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gino DiTomaso, Treasurer, Asst. Secretary

Date

203 830 8208

Daytime Phone #

CR2E081 (9/99)