

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000000736

1. Corporation Name

FAG BEARINGS CORPORATION

Principal Place of Business

200 PARK AVENUE  
DANBURY CT 06813

Mailing Address

P.O. BOX 1931  
DANBURY CT 06813-1931

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KUETEMEIER, DIETER	146 MILL ROAD	STAMFORD CT 06903
TAS D	DITOMASO, GINO	271 SHELTER ROCK ROAD	STAMFORD CT 06903
D	<del>LOOS, UWE DR.</del>	<del>HAUPTMANNSTREUTE 122</del>	<del>70493 STUTTGART, GERMANY</del>
V	<del>MCCLASKEY, JOHN</del> NORBERT BROGER	<del>220 RIVER DRIVE</del> 63 LANGSTRATH DRIVE	SOUTHPORT NC 28461 RIDGEFIELD, CT 06877
D	HICKEY, LARRY	8458 CEDAR DRIVE	JOPLIN MO 64804
D	O'BRIAN, BRIAN III	1250 CREST DRIVE	JOPLIN MO 64801

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.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Carrie Bryan*  
REGISTERED AGENT MUST SIGN

Date 11-4-02

11. 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 Di Tomaso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-830-8208

FILED

02 NOV -4 PM 3:46

5000087802051E

11/04/02 01017011 \$ 750.00



REINSTATEMENT 2002

CR2ED40 (8/02)