

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002357

1. Corporation Name

Leviton Manufacturing Co. Inc.

2. Principal Office Address - No P.O. Box #

201 North Service Road

3. Mailing Office Address

201 North Service Road

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Melville, New York

City & State

Melville, New York

Zip

11747

Country

Zip

11747

Country

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S.Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

Anthony LiCausi
Vice President

State
FL

Zip Code
33324

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

Anthony LiCausi
President

REGISTERED AGENT MUST SIGN

Date *5/10/10*

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
Pres	Donald Hendler	201 North Service Road	Melville, New York 11747
Secr	Stephen Sokolow	201 North Service Road	Melville, New York 11747
Treas	Mark Baydarian	201 North Service Road	Melville, New York 11747
Asst. Tr.	Tuan Dang	201 North Service Road	Melville, New York 11747

10. E-mail Address: *jseifert@leviton.com*

(To be used for future annual report notification)

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. 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:

Donald Hendler

Donald Hendler

4/29/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JUN -2 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-10

800181629278
06/02/10--01035--005 **1050.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1994

5. FEI Number

11-1001790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.