

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

07 SEP 25 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005938

1. Corporation Name

FORNEY CORPORATION

REINSTATEMENT 07 RES2. Principal Office Address
3405 Wiley Post Road3. Mailing Office Address
9 Farm Springs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Carrollton, TX

City & State

Farmington, CT

Zip

75006

Country

USA

Zip

06032

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida 11/17/19945. FEI Number
51-0354053Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ 3575 (with name) Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T 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

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*Carrie B. Bryan*
SPECIAL ASSISTANT SECRETARY

Date

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	John Conroy	3405 Wiley Post Road	Carrollton, TX 75006
S	Alicia Perrault	9 Farm Springs Road	Farmington, CT 06032
Treas	Kathie Lee Harrison	3405 Wiley Post Road	Carrollton, TX 75006
D	Akhil Jobri	9 Farm Springs Road	Farmington, CT 06032
D	Brian Lindroth	9 Farm Springs Road	Farmington, CT 06032
D	Scott Wine	9 Farm Springs Road	Farmington, CT 06032

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)(b), 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: Alicia Perrault

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

860-284-3120

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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CORPORATION REINSTATEMENT

FORNEY CORPORATION

Certificate of Status	0
Certified Copy	0
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