

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000000125

1. Corporation Name

MOTT METALLURGICAL CORPORATION

Principal Place of Business

84 SPRING LANE
FARMINGTON CT 06032-3159

Mailing Address

84 SPRING LANE
FARMINGTON CT 06032-3159
US

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

01/08/1996

5. FEI Number

06-0741455

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
V	RUBOW, KENNETH L	60 PORTAGE CROSSING	FARMINGTON CT 06032
D	SCALIA, FRANK A	186 WILLIAM ST	GLASTONBURY CT 06033
D	VAN ROOY, JEAN-PIERRE	34 MOUNTAIN RD	FARMINGTON CT 06032
V	SORENSEN, ARTHUR H	54 MARTINKA DRIVE 33 Homewood Rd	SHELTON CT 06484 E. Hartland CT 06027
D	MOTT, LAMBERT H	6460 SOUTHEAST WINGED FOOT DRIVE	STUART FL 34997
VPST	EINELLI, GENE A	660 BOUNDLINE RD	WOLCOTT CT 06716

8. Name and Address of Current Registered Agent

GRAY, HARRY J
11094 BEACH CLUB POINT - LOST TREE VILLAGE
NORTH PALM BEACH FL 33408

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/02

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:

Gary S. Scate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02 (800) 793-3990

Daytime Phone #

Mott Metallurgical Corporation
Supplement to Application for Restatement

Item 7.

Title(s) 1	Name of Officers and/or Directors 2	Street Address 3	City/State/Zip 4
C	Harry J. Gray	11094 Beach Club Point Lost Tree Village	North Palm Beach, FL 33408
D/P	Roger R. Klene	37 Mountain Road	Farmington, CT 06032
D	William J. Torres	18 Lemay Street	West Hartford, CT 06107
S/T	Gary S. Scaife	28 Highland Rd.	Oxford, CT 06478
V	Thomas Fahey	30 Sturbridge Lane	Avon, CT 06001