

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

98 NOV 23 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000002382

1. Corporation Name

CURTISS-WRIGHT FLIGHT SYSTEMS, INC.

Principal Place of Business

Mailing Address

300 FAIRFIELD RD.  
FAIRFIELD NJ 07004-1962

300 FAIRFIELD RD.  
FAIRFIELD NJ 07004-1962

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1996

5. FEI Number

22-2377871

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| V             | HELD, MICHAEL T                           | 300 FAIRFIELD ROAD                                                                             | FAIRFIELD NJ            |
| V             | BOYLE, JOHN M                             | 300 FAIRFIELD RD                                                                               | FAIRFIELD NJ 07004      |
| T             | BOSI, A. ROBERT                           | 1200 WALL STREET WEST                                                                          | LYNDHURST, NJ 07071     |
| V             | HICKERSON, WILLIAM R                      | 300 FAIRFIELD RD.                                                                              | FAIRFIELD NJ 07004      |
| S             | TAYLOR, DANA M JR                         | 1200 WALL ST., W., #501                                                                        | LYNDHURST NJ 07071      |
| DC            | LASKY, DAVID                              | 1200 WALL ST., W., #501                                                                        | LYNDHURST NJ 07071      |
| D/P           | YOHRLING, J. GEORGE                       | 201 OLD BOILING SPRINGS RD                                                                     | SHELBY, NC 28152        |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

300002706033-1

Suite, Apt. #, Etc.

-12708798-01039-017

City

\*\*\*750.00

\*\*\*750.00

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.

Signature of  
Registered Agent

*[Signature]*

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/13/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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)(f), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98

Date

473 575 2304

Daytime Phone #

CR2E040 (9/98)