

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUN 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005741

1. Corporation Name

Desoto Junction, Inc.

2. Principal Office Address

437 Grant Street

3. Mailing Office Address

437 Grant Street

Suite, Apt. #, etc.

1600 Frick Building

Suite, Apt. #, etc.

1600 Frick Building

City & State

Pittsburgh, PA 15219

City & State

Pittsburgh, PA

Zip

15219

Country

USA

Zip

15219

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/97

SP

5. FEI Number

232930035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation Systems, Inc.

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

500003314765-8

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*****908.75 *****908.75

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

Luann Davis / Asst. Secy

Date 6-26-00

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	Bernard T. Reilly	1600 Frick Bldg.	Pittsburgh, PA 15219
ST/D	Blaise V. Larkin	1600 Frick Building	Pittsburgh, PA 15219
VP/D	Bryan E. Pivirotto	1600 Frick Building	Pittsburgh, PA 15219

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blaise V. Larkin

6/27/00
Date

(412) 281-1880
Daytime Phone #