

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 JUN 24 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002733

1. Corporation Name  
UTC-BACHMANN, INC.

2. Principal Office Address  
114 SEAVIEW DRIVE

3. Mailing Office Address  
114 SEAVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SECAUCUS, NJ

City & State  
SECAUCUS, NJ

Zip Country  
07094 US

Zip Country  
07094 US

4. Date Incorporated or Qualified  
To Do Business in Florida 05/13/1998

5. FEI Number 13-3511950 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  
L. J. COPLEY 800056513468

Street Address (P.O. Box Number is Not Acceptable)  
2125 NW 86TH AVENUE

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33122

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 Date 6/14/05

REGISTERED AGENT MUST SIGN

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
P	BRIAN POSTHUMUS	114 SEAVIEW DRIVE	SECAUCUS, NJ 07094
V	WERNER KNOOP	114 SEAVIEW DRIVE	SECAUCUS, NJ 07094
S/T	EDWARD VAZ	114 SEAVIEW DRIVE	SECAUCUS, NJ 07094

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: Date 6/13/05 Daytime Phone # 201-558-9200

EDWARD VAZ, Secretary

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 443670 7239333

AUTHORIZATION :

*Patricia Poynt*

COST LIMIT : \$ 908.75

ORDER DATE : June 22, 2005

ORDER TIME : 11:48 AM

ORDER NO. : 443670-005

CUSTOMER NO: 7239333

CUSTOMER: Lawrence H. Straus  
Venturini & Associates  
Suite 545  
230 Park Avenue  
New York, NY 10169

REINSTATEMENT

NAME: UTC-BACHMANN, INC.  
F98000002733

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea EXT.2914

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
05 JUN 26 PM 1:25  
TALLAHASSEE, FLORIDA