

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004507

1. Corporation Name

JOHN CHATILLON & SONS, INC.

Principal Place of Business

Mailing Address

8600 SOMERSET DR
LARGO FL 33773

8600 SOMERSET DR
LARGO FL 33773



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-2286893

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CD	HERMANCE, FRANK S	STATION SQUARE	PAOLI PA 19301
VD	MOLINELLI, JOHN J	STATION SQUARE	PAOLI PA 19301
DV	CHLEBEK, ROBERT W	STATION SQUARE	PAOLI PA 19301
S	WINQUIST, DONNA F	STATION SQUARE	PAOLI PA 19301
T	SAUNDERS, DEIRDRE D	STATION SQUARE	PAOLI PA 19301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

100008685871
10/30/02--01012--007 **158.75

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

CR2E040 (8/02)

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:

SIGNATURE REQUIRED
THOMAS E. HARKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

727-536-7831

Date

Daytime Phone # 8407



TEST AND CALIBRATION INSTRUMENTS DIVISION
8600 SOMERSET DRIVE, LARGO, FLORIDA 33773

TELEPHONE: (727) 536-7831
FAX: (727) 539-6882 (Sales)
(727) 530-7310 (Purchasing)
(727) 532-3329 (Engineering)

October 28, 2002

Department of State
Division of Corporations
~~Annual Report/Reinstatement Section~~
409 East Gaines Street
Tallahassee, FL 32399

Re; Application for Reinstatement

Dear Sirs:

Please accept this request to waive the reinstatement fee for John
Chatillon & Sons, Inc. (Document Number F98000004507).

The two prior uniform business report (UBR) notices were not received by
my office in the mailings you made earlier in the year.

Thank you for your anticipated cooperation.

Sincerely,

Thomas E. Harkins
Vice President of Finance
AMETEK, INC.
Test and Calibration Instruments Division
Tel: 727-536-7831 x3407
Fax: 727-532-3377