

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 15 AM 7:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000005585**

1. Corporation Name

LONGWOOD ELASTOMERS, INC.



300003023043--4
 -10/22/99--0118--015
 ***758.75 ***758.75

Principal Place of Business: **325 COLUMBIA TURNPIKE FLORHAM PARK NJ 07832**
 Mailing Address: **325 COLUMBIA TURNPIKE FLORHAM PARK NJ 07832**
 325 Columbia Turnpike 325 Columbia Turnpike
 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: **10/06/1998**

5. FEI Number: **54-1604003**
 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
PCSD	HARTNETT, JAMES J	325 COLUMBIA TURNPIKE	FLORHAM PARK NJ 07932
VD	MIHALIK, JOSEPH E	325 COLUMBIA TURNPIKE	FLORHAM PARK NJ 07932
AS	MCDONALD, NANCY C	325 COLUMBIA TURNPIKE	FLORHAM PARK NJ 07932
TD	MCDONNELL, JAMES J	325 COLUMBIA TURNPIKE	FLORHAM PARK NJ 07932
D	WHITE, REID	PLEE TREE FARM ROAD R.D. #2 88 Cliffwood Street	WEST STOCKBRIDGE MA Lenox, MA 01240

8. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** Zip Code: _____
REINSTATEMENT 99 **TS**

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: *James R. [Signature]* Date: **10/15/99**
 REGISTERED AGENT MUST SIGN

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.
 James McDonnell 10/14/99

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____