

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000000933

1. Corporation Name

ALSTOM USA INC.

Principal Place of Business

Mailing Address

4 SKYLINE DRIVE
HAWTHORNE NY 10532-2160

4 SKYLINE DRIVE
HAWTHORNE NY 10532-2160

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

02/18/1999

5. FEI Number

13-3201593

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD VD	JANCEK, PAUL J	4 DUNCAN ROAD	HOHOKUS NJ
VSD VT	SMITH, TRACY J	21 FULLMAR LANE	NORWALK CT
AST PD	COONAN, JOHN Gautschi, Fritz	18 OLDS FARMS HILL ROAD 2000 Day Hill Rd.	NEWTOWN CT Windsor, CT
V SD	BRADY, ALFRED R D'Iorio, Anthony	840 TALLY HO LANE 4 Skyline Drive	CHESTER SPRINGS PA Hawthorne, NY
V D	CAMACHO, JORGE A Sole, Pedro	7055 DEBREEN SQUARE 25 ave Kleber	BETHLEHEM PA Paris, France 75795
V D	MONALLY, JAMES A Pope, Brian	3404 MINTWOOD DRIVE 1123 Admiral Peary Way, OK,	CHARLOTTE NC Philadelphia, PA 19111

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-2-00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACY SMITH
VICE PRES.

Date

10/17/00

Daytime Phone #

914 345 5146