

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV 21 PM 3:10

DOCUMENT # F99000003576

1. Corporation Name

DRAEGER SAFETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 120
PITTSBURGH PA 15230-0120

P.O. BOX 120
PITTSBURGH PA 15230-0120

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

07/12/1999

5. FEI Number

13-2868969

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ Additional Filing 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
C	DRAGER, THEO	REVALSTRABE 1, D-23560	LUEBECK, GERMANY
D	DRAGER, STEFAN	REVALSTRABE 1, D-23560	LUEBECK, GERMANY
P	KENNEWEG, WESLEY J	101 TECHNOLOGY DRIVE	PITTSBURGH PA 15275
S	JANDER, KLAUS DR.	200 PARK AVENUE	NEW YORK NY 10166
T	ROBERTS, GRAEME A	101 TECHNOLOGY DRIVE	PITTSBURGH PA 15275

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, if applicable)

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.

Signature of
Registered Agent

Carole Kyrus

REGISTERED AGENT MUST SIGN

Date 11-21-00

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

Graeme A. Roberts, Treasurer and Controller

11-15-00

Date

412-788-5504

Daytime Phone #

CR2040 (8/00)