

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 NOV 15 PM 4:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA R000003052688--5 -11/23/99--01021--046 ****750.00 ****750.00	
DOCUMENT # 503523 1. Corporation Name CONMAT TECHNOLOGIES, INC.			
Principal Place of Business 7695-SW-104-St. Ste--210 Miami, FL--33156		Mailing Address SAME	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Franklin Ave. & Grant St. Suite, Apt. #, etc. Phoenixville, PA City & State		3. New Mailing Office Address, If Applicable SAME Suite, Apt. #, etc. City & State	
Zip 19460	Country USA	Zip 19460	Country USA
4. Date incorporated or Qualified To Do Business in Florida 3/12/86		5. FEI Number 23-2999072	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C, S, D	PAUL A. DeJULIIS	Franklin Ave. & Grant St.	Phoenixville, PA 19460
P, D	THEODORE R. RUTKOWSKI	Franklin Ave. & Grant St.	Phoenixville, PA 19460
D	EDWARD R. SAGER	Franklin Ave. & Grant St.	Phoenixville, PA 19460
V, T	WILLIAM J. CRIGHTON	Franklin Ave. & Grant St.	Phoenixville, PA 19460
R000003052688--5 -11/23/99--01021--047 *****8.75 *****8.75			
8. Name and Address of Current Registered Agent ERIC P. LITTMAN 7695 SW 104th Street, Suite 210 Miami, FL 33156		9. Name and Address of New Registered Agent Name UCC Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue Tallahassee, FL 32301-2551 City Tallahassee, FL 32301-2551 State FL Zip Code 32301	
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: <i>Butt</i> Date: 11/15/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)			
12. 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 taxes 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)(b), 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: <i>Paul A. DeJuliis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		November 15, 1999/610-935-0225 Date Daytime Phone #	