

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004019

Name and Mailing Address

0015476 01 MB 0.309 **AUTO T7 0 0615 12204-241012



CISTANT, LLC
12 ELMWOOD RD.
MENANDS NY 12204-2410



2. New Mailing Address <i>N/A</i>		4. State/Country of Formation FL	
City, State, Zip <i>N/A</i>		5. Date Organized or Qualified To Do Business in Florida 02/20/2002	
Principal Place of Business 12 ELMWOOD RD. MENANDS NY 12204	3. New Principal Place of Business Address <i>N/A</i>	6. FEI Number 75-299261	Applied For Not Applicable
City, State, Zip <i>N/A</i>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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 <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> City <i>N/A</i> FL Zip Code <i>N/A</i>	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Dolores Beck* **REQUIRED** Date *10/23/03*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
VP & BUS DEV	PATRICK T. MAREY, JR.	12 ELMWOOD RD	MENANDS, NY, 12204
VP/Gen	DONALD P. PELEASE	12 ELMWOOD RD	MENANDS, NY, 12204
PRESIDENT	SHAWN P. MURPHY	12 ELMWOOD RD	MENANDS, NY, 12204
CONTROLLER	WILLIAM R. WAGNER	12 ELMWOOD RD	MENANDS, NY, 12204
			100024291981 10/30/03--01058--012 **150.00

12. I certify that I am managing member/manager or the member or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *William R. Wagner* **REQUIRED** Date *10/22/03* Daytime Phone # *(518) 292-6522*

Typed or printed name of signing Managing Member/Manager *WILLIAM R. WAGNER*

CR2E034 (7/03)