


FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L45382

1. Corporation Name
S.B.W. CONSULTANTS, INC.

REINSTATEMENT 01-07 *RES*

2. Principal Office Address 100 HILL PLAIN ROAD	3. Mailing Office Address 100 HILL PLAIN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E081 (8/05)

City & State DANBURY, CT	City & State DANBURY, CT
Zip 06811	Country UNITED STATES

4. Date Incorporated or Qualified To Do Business in Florida 1/26/1990	Applied For <input type="checkbox"/>
5. FEI Number 650179674	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	82.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

4435 OLD WINTER GARDEN RD

ORLANDO, FL 32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* **JOSE MOJICA**
 REGISTERED AGENT MUST SIGN

Date: **9/21/07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	STEVEN N. BRONSON	100 HILL PLAIN ROAD	DANBURY, CT 32811

10. 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)(c), 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]*
 SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9-17-07** (203) 791-3944
 Daytime Phone #

-- RESUBMISSION --

Florida Department of State
Division of Corporations
Public Access System

2002

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

CORPORATION REINSTATEMENT

S.B.W. CONSULTANTS, INC.

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