

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P03628

1. Corporation Name

SAVAGE ENGINEERING, INC.

Principal Place of Business

707 BLOOMFIELD AVE
P. O. BOX 707
BLOOMFIELD CT 06002

Mailing Address

707 BLOOMFIELD AVE
P. O. BOX 707
BLOOMFIELD CT 06002

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1984

5. FEI Number

06-1058210

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
D P/D	SAVAGE, HARLOW D. JR. Abcouwer, Jim	88 LOEFFLER RD. G-200 8306 Oakwood Avenue	BLOOMFIELD CT Valparaiso, IN 46383
CBS V/D	MCQUIRE, JOHN J.	561 GURLEY VILLE ROAD	STORRS CT
PTD V	FINE, PHILIP J.	15 WALBRIDGE RD.	W.HARTFORD CT
V V/D	POPINCHALK, PAUL B. Eldert, Don	24 RACE BROOK RD 8306 Oakwood Avenue	WEST HARTFORD CT Munster, IN 46321
V S	SHAH, SUNIL A. Lynn, Linda	62 N. FORESTVIEW LN 20 Ridgewood Road	AURORA IL East Hartford, CT 06118
T	Giot, Francis	9348 Filmore Court	Crown Point, IN 46307

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

LS
3000031 19349-4
-02/01/00-01120-009
***900-00 ***900-00
FL

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

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 1/26/2000

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
Philip J. Fine, Vice President

Date Daytime Phone #

01/12/00 860-243-2707

REINSTATEMENT

99-00

CR2E040 (8/99)