PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
12 JUN 15 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** P06000035396

1. Corporation Name
StormBlok Systems, Incorporated

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 972 Alderman Rd. | | 972 Alderman Rd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Palmyra, NY | | Palmyra, NY | |
| Zip | Country | Zip | Country |
| 14522 | USA | 14522 | USA |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 03/09/2006

5. FEI Number 20-0725590 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| Plantation | FL | 33324 |

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent Sharon R. Kresz Date 6/11/12
REGISTERED AGENT MUST SIGN

Sharon R. Kresz
Assistant Secretary

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P/S/C | J. Parr Wiegel | 972 Alderman Rd. | Palmyra, NY 14522 |
| V/D | Anthony Sigillito | 14 Chimney Point Rd. | New Milford, CT 06776 |
| | | | |
| | | | |
| | | | JUN 15 2012 |
| | | | S. PRATHER |

10. E-mail Address: pwiegel@rochester.rr.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: J. Parr Wiegel President 6/11/12 585-749-8943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Florida Department of State

## Division of Corporations

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**CORPORATION REINSTATEMENT**
**STORMBLOK SYSTEMS, INCORPORATED**

| | |
|---|---|
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