

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

P06992DOCUMENT # **P06992**

1. Corporation Name

Crosby Valve Inc.

Principal Place of Business

Mailing Address

Same

413 Kendrick St.
Wrentham, MA 02093

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

2. New Principal Office Address, If Applicable

NA

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/85

5. FEI Number

76-004 2330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒FILED
00 JAN 20 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Gregory Hyland	3950 Greenbriar	Stafford, TX 77449
VP	Bernard J. Doherty	One Tyco Park	Exeter, NH 03833
T	Michael A. Robinson	712 Fifth Avenue Floor 48	New York, NY
S	Bernard J. Doherty	One Tyco Park	Exeter, NH 03833
D	L. Dennis Kozbowski Robert P. Mead	One Tyco Park	Exeter, NH 03833
D	Mark H. Swartz	One Tyco Park	Exeter, NH 03833

8. Name and Address of Current Registered Agent

CT Corporation Systems
1200 South Pine Island Rd.
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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.036, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

1/20/2000

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 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

Bernard J. Doherty
Vice President

Date

Daytime Phone #

1/3/00 603-778-9700

APR