

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 30 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10176**

1. Corporation Name

ARROW ELECTRIC CO., INC.

Principal Place of Business

Mailing Address

317 WABASSO AVENUE
P.O. BOX 36215
LOUISVILLE KY 40233

317 WABASSO AVENUE
P.O. BOX 36215
LOUISVILLE KY 40233

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida		05/21/1986
5. FEI Number	61-0532542	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
CD	SAYLOR, HERBERT H.	729 WILSONVILLE RD	FISHERVILLE KY
PD P	SAYLOR, H. BARRY PACE, D. CHRIS	1103 SPRINGSIDE CT 3434 PEPPERHILL ROAD	LOUISVILLE KY LEXINGTON, KY
MD V	SEYMOUR, KENNETH G SAYLOR, H. BARRY	5315 TAHIA DRIVE 1103 SPRINGSIDE COURT	LOUSMIL KY LOUISVILLE, KY
STD	NORRIS, THOMAS L.	2504 ALANMEDE RD.	LOUISVILLE KY
V V	THOMPSON, JESSICA D THOMPSON, JESSICA D	1514 KNOV AVENUE 1514 KNOB AVENUE	NEW ALBANY IN NEW ALBANY IN
D	FRANCIS, CHARMAINE D.	5832 BRITTANY WOODS CIRCLE	LOUISVILLE KY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-23-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

[Signature]
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:

Thomas L. Norris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas L. Norris, Secty-Treas.

11/17/98
Date

502-367-0141
Daytime Phone

CR2ED40 (9/88)