


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

05 OCT 11 PH 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P16009**

1. Corporation Name

AMERICAN INSULATED WIRE CORPORATION

2. Principal Office Address

95 GRAND AVENUE

Suite, Apt. #, etc.

City & State

PAWTUCKET, RI

Zip

02862

Country

USA

3. Mailing Office Address

59-25 LITTLE NECK PARKWAY

Suite, Apt. #, etc.

City & State

LITTLE NECK, NY

Zip

11362-2531

Country

USA

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CR2E081 (8/05) 001 11 2005

4. Date Incorporated or Qualified To Do Business in Florida

9/17/1987

5. FEI Number

05-0097940

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P O Box Number is Not Acceptable)

1200 S. PINE ISLAND RD.

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0503 or 617 0503, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 10/10/05

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	ROBERT WHEELER	95 GRAND AVENUE	PAWTUCKET, RI 02862
V	LARRY D. MUSCHLITZ	95 GRAND AVENUE	PAWTUCKET, RI 02862
V	J. STEPHEN GABRIEL	95 GRAND AVENUE	PAWTUCKET, RI 02862
V	EDWARD SKUKALEK	95 GRAND AVENUE	PAWTUCKET, RI 02862
C	HAROLD LEVITON	59-25 LITTLE NECK PARKWAY	LITTLE NECK, NY 11362
V	RALPH DEBIASI	59-25 LITTLE NECK PARKWAY	LITTLE NECK, NY 11362

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)(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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/05

Date:

(718) 631-6524

Daytime Phone

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

AMERICAN INSULATED WIRE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900 ⁰⁰

Actually \$900⁰⁰ please note !! fees..

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