

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 29, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P16009**

1. Corporation Name

**AMERICAN INSULATED WIRE CORPORATION**

Principal Place of Business

36 FREEMAN ST  
PAWTUCKET RI 02861  
US

Mailing Address

36 FREEMAN ST  
P. O. BOX 880  
PAWTUCKET RI 02862-0880  
US

02/04/03--01075--012 \*\*150.00



**REINSTATEMENT**

02

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0097940

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| COB           | KANNER, EDWIN B.                          | 36 FREEMAN ST.   | PAWTUCKET, RI.          |
| S             | SOKOLOW, STEPHEN                          | 36 FREEMAN ST.   | PAWTUCKET, RI.          |
| P             | BONDE, WILLIAM J.                         | 36 FREEMAN ST.   | PAWTUCKET, RI.          |
| D             | LEVITON, HAROLD                           | 59-25 LITLNECK PKWY.                                   | LITLNECK NY             |
| <del>V</del>  | <del>CHIZEN, HARLAN H.</del>              | <del>36 FREEMAN STREET</del>                           | <del>PAWTUCKET RI</del> |

600000026396

11/15/02--01078--029 \*\*750.00

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

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Barbara A. Burke*  
REGISTERED AGENT MUST SIGN

Date

1-23-03

**BARBARA A. BURKE**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute 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:

*William J. Bonde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02 401-726-0700

CR2E040 (8/02)