

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 	
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	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 02

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	4 City / State / Zip
COB	KANNER, EDWIN B.	36 FREEMAN ST.	PAWTUCKET, RI.
S	SOKOLOV, STEPHEN	36 FREEMAN ST.	PAWTUCKET, RI.
P	BONDE, WILLIAM J.	36 FREEMAN ST.	PAWTUCKET, RI.
D	LEVITON, HAROLD	59-25 LITTLENECK PKWY.	LITTLENECK NY
V	CHIZEN, HARLAN H.	36 FREEMAN STREET	PAWTUCKET RI

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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	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* **BARBARA A. BURKE** Date: 1-23-03

REGISTERED AGENT MUST SIGN

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* **WILLIAM J. BONDE** Date: 1/4/02 Daytime Phone #: 401-726-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)