

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 30 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19448

1. Corporation Name

BRECKENRIDGE-REMY CO.

Principal Place of Business

4301 US HIGHWAY 1
P.O. BOX 902
MONMOUTH JUNCTION NJ 08852-0902

Mailing Address

4301 US HIGHWAY 1
P.O. BOX 902
MONMOUTH JUNCTION NJ 08852-0902

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1988

5. FEI Number

34-1184534

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PSD	STANLEY, CLIFFORD W	4301 US HIGHWAY ONE	MONMOUTH JUNCTION NJ 08852
VTD	UNSWORTH, TERI E	4301 US HIGHWAY ONE	MONMOUTH JUNCTION NJ 08852
CC	REESE, ROBERT A.	4301 US HIGHWAY ONE	MONMOUTH JUNCTION NJ 08852
AS	XENIS, PAUL	4301 US HIGHWAY ONE	MONMOUTH JUNCTION NJ 08852
			600002702606-5 -12/03/98-01110-022 ****763.75 ****763.75

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
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

Patrick A. Nolan
REGISTERED AGENT MUST SIGN

Date

11/19/98

11. This corporation owes or has paid 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)(f), 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:

Patrick A. Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98
Date

609-514-9696
Daytime Phone #

CR2E040 (9/98)