PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

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

ANNUAL REPORT

96 OCT 10 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28118

1. Corporation Name
CONTRAVES INC.

1996 Annual Report

Principal Place of Business	Mailing Address
615 EPSILON DR PITTSBURGH PA 15238-2808	615 EPSILON DR PITTSBURGH PA 15238-2808

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

4. Date Incorporated or Qualified To Do Business In Florida: 02/09/1990

5. FEI Number: 25-1254333 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DORKHOM, GEORGE H	2141 HAYMAKER RD	MONROEVILLE PA
M	BALDINI, NICKI	10191 SUDBERRY DR	WEXFORD PA
~~M~~	~~CHARBONNEAU, ROGER~~	~~6639 NORTH HINES AVE, 3810~~	~~TAMPA FL~~
M	JOHNSON, RAYMOND	5012 BELMONT RD.	TAMPA, FL, 33617
~~M~~	~~DILLON, JAMES~~	~~3638 COUNTRY CLUB ROAD~~	~~ALLENTOWN PA~~
V	MONTALBANO, JOSEPH	13405 BLADON RD.	PHOENIX, MD 21131
~~AS~~	~~DRUGGS, MERRILL~~	~~1031 VICTORIA PALCE~~	~~GIBSONIA PA~~
S	GENTILE, PASQUALE	6708 WILKEN AVE.	PITTSBURGH, PA. 15217
M	ZINO, JOSEPH	106 BEDFORD COURT	MARS PA

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WOLF, JOAN ~~5902 BRECKENRIDGE PARKWAY~~ TAMPA FL 33610-4233	Name: JOHNSON, RAYMOND Street Address (P.O. Box Number is Not Acceptable): 5902 BRECKENRIDGE PARKWAY Suite, Apt. #, Etc.: City: TAMPA State: FL Zip Code: 33610

400001971244
-10/11/96--01026--010
****225.00 ****225.00

CR2E040 (7/96)

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 _____ Date 10/4/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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.

10-10-96

SIGNATURE: _____ 10/4/96 628-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #