

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29465**

1. Corporation Name

ASCOM AUTOMATION, INC.

Principal Place of Business

Mailing Address

**444 NORTH 3RD STREET
PHILADELPHIA PA 19123**

**400 CHESTNUT RIDGE RD
WOODCLIFF LAKE NJ 07675**

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

444 N. Third Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd Floor

City & State

City & State

Philadelphia, PA

Zip

Country

Zip

Country

19123

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1990

5. FEI Number

23-2173866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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	City / State / Zip 4
P	KELLER, S. S.	444 NORTH 3RD STREET	PHILADELPHIA PA
S	BECKER, JAMES	444 N 3RD ST	PHILADELPHIA PA
D	GANTERT, FRITZ BECCIOLINI, JEAN-JACQUES	BELPSTRASSEE, 23	BERNE SW
D	MOSER, ANDREAS NONE	BELPSTRASSEE, 23	BERNE SW
S	ZIMMERMAN, MARKUS	BELPSTRASSE 23	BERNE SW
T	WALYS, MARTIE BERENATO, KAREN	444 N 3RD ST	PHILADELPHIA PA 19123

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) **000003095310-002**

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.

Signature of
Registered Agent

Mary Alice Rogers

REGISTERED AGENT MUST SIGN

MARY ALICE ROGERS
Assistant Vice President

12/8/99

11. 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:

Karen Berenato
KAREN BERENATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/99

Daytime Phone #

KE

**215-629
1540**

FILED
00 JAN -3 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99/C