

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P29968

1. Corporation Name

CFD III INC.

2. Principal Office Address

260 Long Ridge Road

Suite, Apt. #, etc.

3. Mailing Office Address

10 Riverview Drive

Suite, Apt. #, etc.

Attn: Licensing/ Kapil

City &amp; State

Stamford, CT

City &amp; State

Danbury, CT

Zip

06927

Country

USA

Zip

06810

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/1985

5. FEI Number

061156014

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

Zip Code

FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/2/06

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Paul T. Bossidy	10 Riverview Drive	Danbury, CT 06810
Director	Thomas F. Fanelli	10 Riverview Drive	Danbury, CT 06810
Director	Paul T. Bossidy	10 Riverview Drive	Danbury, CT 06810
VP	Kapil Kundrai	10 Riverview Drive	Danbury, CT 06810
Secretary	Amanda N Skolan-Logue	10 Riverview Drive	Danbury, CT 06810

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10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAPIL KUNDRAI

04/24/06

Date

866-844-4046

Daytime Phone #

FILED  
2006 JUL 10 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

REINSTATEMENT 2004-2006