

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P33088

1. Corporation Name

DUFRESNE-HENRY, INC.

Principal Place of Business

PRECISION PARK
NORTH SPRINGFIELD VT 05150

Mailing Address

PRECISION PARK
NORTH SPRINGFIELD VT 05150

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

Zip

Country

Zip

Country

4. Date Incorporated or Date
To Do Business in Florida

5. FEI Number

03-0211223

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CONKLIN, GERARD F.	17-POPLAR ST.- PINE BROOK CONDO G3	SPRINGFIELD VT NORTH SPRINGFIELD, VT 05150
V	ANDREWS, PETER N.	39 BREEZY HILL RD.	SPRINGFIELD VT
STB	EMERSON, GORDEN L.	29 COOLIDGE RD.	SPRINGFIELD VT
D	ALLEN, GEORGE R.	1-60REY AVE. 7 STONEHEDGE DRIVE	WILMINGTON MA
SVPD	LOVETT, JR W	16 CEDARBROOK DR	SCARBOROUGH ME
SVPD	TRUE, NORTON G	RD 1, BOX 137	BELLOWS FALLS VT

8. Name and Address of Current Registered Agent

MURRAY, WILLIAM L
630 WOODBURY DRIVE
PORT CHARLOTTE FL 33594

9. Name and Address of New Registered Agent

Name
MICHAEL, RICHARD P
Street Address (P.O. Box Number is Not Acceptable)
299 COLDEWAY
Suite, Apt. #, Etc.
UNIT F3
City
PUNTA GORDA
FL 33950

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/17/98

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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 DEC -7 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E040 (9/98)