

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # **797000096183**

1. Corporation Name

Umbrella Bear Inc.

99 NOV 19 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

REINSTATEMENT **78-99**

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

2. New Principal Office Address, If Applicable c/o Citigroup Investments Suite, Apt. #, etc. One Tower Square 9PB - ATTN: B. Desrosiers City & State Hartford, CT Zip 06183-2030 Country USA		3. New Mailing Office Address, If Applicable c/o Citigroup Investments Suite, Apt. #, etc. One Tower Square 9PB - ATTN: B. Desrosiers City & State Hartford, CT Zip 06183-2030 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 11/10/97	
				5. FEI Number 06-1501680 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
D/P	Susan W. Lewis	75 Daniel Trace	Burlington, CT 06013
S	Duane R. Nelson	10 Cedar Road	Westport, CT 06880
T	Joseph E. Rueli, Jr.	65 Somerwynd Lane	Suffield, CT 06078
D/V	Michael D. Watson	381 Beveridge Road	Ridgewood, NJ 07450
AS	Susan E. Neuberg	85 Norwood Road	West Hartford, CT 06117

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name CT Corporation System	
		Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
		Suite, Apt. #, Etc.	
		City Plantation	State FL Zip Code 33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date **11/9/99**

11. This corporation owes 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(3), 617.0401(3), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan W. Lewis, President

11/9/99 860/277-4873

Date

Daytime Phone #

CR2E081 (12/98)