

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

00 OCT -9 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P9800097945

1. Corporation Name

Beta Acquisition Corp.

2. Principal Office Address

One Tyco Park

Suite, Apt. #, etc.

City & State

Exeter

NH

Zip

03833

Country

USA

3. Mailing Office Address

Tyco International (US) Inc.
State Tax Dept. 8th Floor
One Town Center Rd.
P.O. Box 5035
Boca Raton, FL 33431-0835

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0896123

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

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Suite, Apt. #, Etc.

City

State

FL

Zip

33300

City

Plantation

State

FL

Zip

33300

City

Plantation

State

FL

Zip

33300

City

Plantation

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

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/6/00

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
Director President	L. Dennis Kozlowski	One Tyco Park	Exeter, NH 03833
Director	Irving Gustin	One Tyco Park	Exeter, NH 03833
Director	Mark Swartz	One Tyco Park	Exeter, NH 03833
V.P. or Asst. Treas.	Scott Stevenson	One Town Center Rd	Boca Raton, FL 33486
Secretary	M. Brian Moroz-e	One Tyco Park	Exeter, NH 03833

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 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 OF

Scott Stevenson
Vice President/Asst. Treasurer

Date

9/13/00 (561) 988-7200

Daytime Phone #

CR2E081 (9/99)