PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 23 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA
400009174644
12/23/02--01045--020 **141.25

DOCUMENT # P99000055660

1. Corporation Name

BL COMPANIES DESIGN SERVICES FLORIDA, INC.

Principal Place of Business	Mailing Address
355 RESEARCH PKWY. MERIDEN CT 06450	355 RESEARCH PKWY. MERIDEN CT 06450

REINSTATEMENT 02

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	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/11/1999

5. FEI Number: 06-1182567 ☐ 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	4 City / State / Zip
DP	LANDINO, ROBERT A	~~219 OLD SALT WORKS RD.~~ 18 EAST Liberty St.	~~WESTBROOK CT 06498~~ Chester, CT 06412
T	BALL, DAVID	355 RESEARCH PKWY.	MERIDEN CT 06450
			400009174644 11/22/02--01074--012 **600.00
			400009174644 11/22/02--01074--013 **600.00
			400009174644 11/22/02--01074--013 **8.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 11-14-02

REGISTERED AGENT MUST SIGN ROBERT A. LANDINO

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: SIGNATURE REQUIRED 11-14-02 (800) 301-3077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT A. LANDINO