Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

ITT INSYTE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 30 AM 7:49

DOCUMENT # V41724

KS

1. Corporation Name

ITT INSYTE, INC.

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2570 CORAL LANDING BLVD.	C/O ITT CORPORATION
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#300	1133 WESTCHESTER AVENUE
City & State	City & State
PALM HARBOR, FL	WHITE PLAINS, NY
Zip / Country	Zip / Country
34684 / USA	10604 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/4/92

5. FEI Number: 59-3128534 ☐ 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: CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

PROFIT CORPORATIONS ONLY

☐ The $600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] REGISTERED AGENT MUST SIGN Date: 4-29-2010

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
P	LOUIS DOLLIVE	2570 CORAL LAND BLVD	PALM HARBOR, FL 34684
VP	CHRISTY DUANE	8200 N. AUSTIN AVENUE	MORTON GROVE, IL 60053
AT	VALERIE DOYLE	1133 WESTCHESTER AVENUE	WHITE PLAINS, NY 10604
T	THOMAS WATT	1919 WEST COOK ROAD	FORT WAYNE, IN 46818
D	LOUIS DOLLIVE	2570 CORAL LAND BLVD	PALM HARBOR, FL 34684
D	WILLIAM KANSKY	1650 TYSONS BLVD, SUITE 1700	MCLEAN, VA 22102

10. E-mail Address: MARIA.TZORTZATOS@ITT.COM
(To be used for future annual report notification)

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. I further certify, 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] 4/28/2010 (914)641-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 04/27/2010 C T System Online