

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -8 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63875**

1. Corporation Name

JOHN ALDEN SERVICE WARRANTY CORPORATION OF
FLORDIA

200019839702
05/23/03--01023--035 **1200.00

2. Principal Office Address

7300 CORPORATE CENTER

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126-1208

Country

USA

3. Mailing Office Address

308 MALTBIE ST

Suite, Apt. #, etc.

STE 200

City & State

SYRACUSE, NY

Zip

13204

Country

USA

REINSTATEMENT

00-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0362330

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

PRENTICE HALL CORPORATION SYSTEM, INC

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

1201 HAYS ST

Suite, Apt. #, Etc.

STE 105

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

4/29/05

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
	SEE ATTACHED		

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:

Cynthia A. Capone

Cynthia A. Capone, Treasure 03-21-2003 315-385-8642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Attachment #

20F2

V63875

John Alden Service Warranty Corporation

Listing of Officers

As of January 1, 2002

O:\ALDEN\GRANGER\Florida\[listing of officers.xls]Sheet1

<u>Position/Title</u>	<u>Name</u>		<u>Addresses</u>
President	Benjamin M. Cutler	(W)	501 W. Michigan Avenue, Milwaukee WI 53201
Vice President	Terry J. Kryshak	(W)	308 Maltbie Street Suite 200, Syracuse NY 13204
Secretary	Jerome A. Atkinson	(W)	One Chase Manhattan Plaza, New York NY 10005
Treasurer	Cynthia A. Capone	(W)	308 Maltbie Street Suite 200, Syracuse NY 13204
Director	Benjamin M. Cutler	(W)	501 W. Michigan Avenue, Milwaukee WI 53201
Director	J. Kerry Clayton	(W)	One Chase Manhattan Plaza, New York NY 10005