

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 FEB 25 PM 8:53

DOCUMENT # 847288

1. Corporation Name
FAIRCHILD WESTON SYSTEMS INC

W02000002009

500005050725--5
-03/06/02--01064--022
****908.75 ****908.75

2. Principal Office Address
205 INDUSTRIAL BLVD

3. Mailing Office Address
205 INDUSTRIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN TAX DEPT

City & State
SUGAR LAND, TX

City & State
SUGAR LAND, TX

Zip **77478**

Country
USA

Zip **77478**

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

74-2117854

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 **NRRI SERVICES, INC.**

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

526 EAST PARK AVE

Suite, Apt. #, Etc.

City

TALLAHASSEE, FL

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

REGISTERED AGENT MUST SIGN

JOSEPH MARRIAGE, V.P.

Date

1/17/02

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	F.A. SORGIE	153 E. 53rd St., 57th Fl	NY, NY 10022
VP	L. FULD	153 E. 53rd St., 57th Fl	NY, NY 10022
S	E. SUMMER	153 E. 53rd St., 57th Fl	NY, NY 10022

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:

Ellen Summer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLEN SUMMER
SECRETARY

1/17/02
Date

281-285-4345
Daytime Phone #

CR2E081 (9/01)