

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 SEP 9 AM 11:25
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 818652

1. Corporation Name
Allison-Erwin Company

Principal Place of Business
**2920 N. Tryon St.
 Charlotte, NC 28206**

Mailing Address
**P. O. Box 32308
 Charlotte, NC 28232**

REINSTATEMENT 83-97
 AW

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
2/23/1893 (104 Years)

5. FEI Number
56-0236210

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Chairman CEO	Doug McMillan	2920 North Tryon Street	Charlotte, NC 28206
President COO	Gary Watkins	2920 North Tryon Street	Charlotte, NC 28206
V. P. CEO VP	Bob Allison	2920 North Tryon Street	Charlotte, NC 28206
SLS/MKT	Brennan Giggey	2920 North Tryon Street	Charlotte, NC 28206

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8. Name and Address of Current Registered Agent

**C T Corporation
 1200 South Pine Island Road
 Plantation, Florida 33324**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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.

Signature of Registered Agent: **Connie Bryson**
 REGISTERED AGENT MUST SIGN **Connie Bryson, Special Asst. Secretary** Date **Sept. 9, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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:  **Bob Allison, V.P. CFO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/11/97** Daytime Phone #: **704/334-8621**

CR2E040 (1/2/96)

Document Number Only

2 of 2

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

Allison - Edwin Company

- Profit
- NonProfit
- Limited Liability Co.
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Merger
- Mark
- Other
- Change of F
- Fic. Name
- CUS
- After 4:30
- Pick Up

RECEIVED
 97 SEP 18 PM 4:29
 DIVISION OF CORPORATION
 RECEIVED
 97 SEP -9 PM 4:18
 DIVISION OF CORPORATION

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.F. Verifier

PLEASE RETURN EXTRA COPIES
 FILE STAMPED

9-18-97

THANKS, MELANIE ☺

Please back
 date to 9-9-97

Thanks Alot,
 M.S.

Check was not
 signed and
 sent-over on
 9-9-97