


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

01 NOV -2 AM 10: 59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 600004704676--2  
 -12/04/01--01067--030



DOCUMENT # **F94000004709**

1. Corporation Name  
**DUBLE AND O'HEARN, INC.**

Principal Place of Business Mailing Address  
**54 TRUMBULL STREET 54 TRUMBULL STREET**  
**NEW HAVEN CT 06510 NEW HAVEN CT 06510**

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

**REINSTATEMENT**

2001

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 **09/12/1994**

5. FEI Number **06-0855522** 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	City / State / Zip
P	WHEELER, GREGORY W	19 VALEVIEW ROAD	WILTON CT 06897
S	BERNBLOM, BENNETH J	ONE CENTURY TOWER	NEW HAVEN CT 06511
V	DOWNING, SHARON D	38 BARTON COURT	BRANFORD CT 06405
V	AGIUS, JOYCE L	140 HATTERTOWN ROAD	NEWTOWN CT 06470
<del>V</del>	<del>EVANS, PETER J</del>	<del>356 NORTTOWN ROAD</del>	<del>GUILFORD CT 06437</del>   LS

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**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 \_\_\_\_\_

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 **PETER F. SOUZA** REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY** Date **11/1/01**

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** Date **10/19/01** Daytime Phone # **203-789-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/01)