


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

193-

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F0000006204 1. Corporation Name FMI International Corp.					
2. Principal Office Address 800 Federal Blvd.			3. Mailing Office Address same		
Suite, Apt. #, etc. n/a			Suite, Apt. #, etc. n/a		
City & State Carteret, NJ			City & State same		
Zip 07008		Country USA		Zip same	
				Country same	
4. Date Incorporated or Qualified To Do Business in Florida 11/06/2000					
5. FEIN Number 22-3412303				Applies For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$675 additional fee required for a Certificate of Status					

0506

CR2E001 (12/05)

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box for banks and associations) 1200 South Pine Island Road	
Suite, Apt. #, etc. N/A	
City Plantation	State / Zip Code FL 33324

8. I, being appointed the registered agent of the aforementioned corporation, am familiar with and accept the obligations of section 607.0605 or §17.0515, F.S.

Signature of Registered Agent: *[Signature]* Date: 10/12/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	GREGORY DESAYE	800 FEDERAL BOULEVARD	CARTERET, NJ 07008
PRES	ROBERT J. O'NEILL	800 FEDERAL BOULEVARD	CARTERET, NJ 07008
COO	MICHAEL DESAYE	800 FEDERAL BOULEVARD	CARTERET, NJ 07008
CFO	NEIL DEVINE	800 FEDERAL BOULEVARD	CARTERET, NJ 07008
SEC	JOSEPH CANGELOSI	800 FEDERAL BOULEVARD	CARTERET, NJ 07008

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or §17, 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 §17.0401, 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 contained in Chapter 11B, 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]* 10-13-06

SIGNATURE AND TYPED OR PRINTED NAME OF RECEIVING OFFICER OR DIRECTOR Date Daytime Phone #

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October 17, 2006

**VIA HAND DELIVERY**  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Letter Number 806A00061629

Dear Sir or Madam:

FMI International, LLC. hereby gives consent to FMI International Corp. to use the name FMI International Corp. in the State of Florida. FMI International Corp. is a wholly-owned subsidiary of FMI International, LLC.

Yours Sincerely,

Name: NEIL DEVINE  
Title: CEO

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800 Federal Boulevard Carteret, NJ 07008 Tel 732-750-9000 Fax 732-750-4338



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Florida Department of State  
Division of Corporations  
Public Access System

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Division of Corporations  
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Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926

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**CORPORATION REINSTATEMENT**  
**FMI INTERNATIONAL CORP.**

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