PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 MAY 12 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Corporation Name

SIMPLIMATIC ENGINEERING COMPANY #846721

Principal Place of Business / Mailing Address

ONE CROWN WAY, PHILADELPHIA, PA 19154-4599

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 54-0795235 ☐ Applied For ☐ Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☒ $87.50 Additional Fee is required for a Certificate of Status
Zip / Country	Zip / Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres. CEO	B. Douglas Goodell	One Crown Way	Philadelphia, PA 19154-4599
Sec. V.P.	Richard L. Krzyzanowski	One Crown Way	Philadelphia, PA 19154-4599
Asst. Treas.	Michael B. Burns	One Crown Way	Philadelphia, PA 19154-4599
Asst. Sec.	William T. Gallagher	One Crown Way	Philadelphia, PA 19154-4599
V.P. & C.F.O.	Gary E. Vaughan	One Crown Way	Philadelphia, PA 19154-4599

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

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 Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN IF SECRETARY Date: 5-12-97

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: William T. Gallagher, Asst. Sec. 5/9/97 Date 215-698-5340 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR