PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 26 PM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000096

1. Corporation Name

STONERIDGE, INC.

2. Principal Office Address	3. Mailing Office Address
9400 EAST MARKET ST	9400 EAST MARKET ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WARREN, OHIO	City & State: WARREN, OHIO
Zip: 44484 Country: U.S.A.	Zip: 44484 Country: U.S.A.

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida: 01/06/2000

5. FEI Number: 34-1592949 ☐ 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: CT CORPORATION SYSTEM
400020681264
06/09/03--01054--008 **150.00

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

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: Diane Stout Date: 6-4-03

Diane Stout, Asst. Secretary
REGISTERED AGENT MUST SIGN

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
PD	ABRUZZO, CLOYD S.	9400 EAST MARKET ST.	WARREN OH 44484
VT	BAGBY, KEVIN P.	9400 EAST MARKET ST.	WARREN OH 44484
SD	COHEN, AVERY S.	9400 EAST MARKET ST.	WARREN OH 44484
CD	DRAIME, DAVID M.	9400 EAST MARKET ST.	WARREN OH 44484
D	CHENEY, RICHARD	9400 EAST MARKET ST.	WARREN OH 44484
D	EPSTEIN, SHELDON J.	9400 EAST MARKET ST.	WARREN OH 44484

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: X Kevin P. Bagby KEVIN P. BAGBY 6/5/03 330-856-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 6/26