PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

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

FILED
01 NOV 20 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2001

DOCUMENT # F00000000148

1. Corporation Name: PWI, Inc.

2. Principal Office Address: 1300 ARLINGTON Heights Rd
Suite, Apt. #, etc.:
City & State: ITASCA, IL.
Zip: 60143
Country: DuPAGE

3. Mailing Office Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1/10/00
Applied For / Not Applicable

5. FEI Number: 36-4227501

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name: CT 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

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: [signature] REGISTERED AGENT MUST SIGN
Christine M. Eastwine
Assistant Secretary
Date: 11/19/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
	SEE ATTACHED		

900004216719--3
-12/10/01--01030--021
****750.00 ****750.00

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: [signature] Thomas E. Williams III 11/16/01 630/438-3107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

PARTS WAREHOUSE, INC.
d/b/a PWI, Inc.

Directors (3)	Wendel H. Province William M. Guzik Alvin K. Marr
Officers:	Wendel H. Province, Chairman and Chief Executive Officer Gary B. Vonk, Executive Vice President and Chief Operating Officer William M. Guzik, Senior Vice President, Chief Financial Officer & Controller Steven D. Shaneyfelt, President and General Manager Alvin K. Marr, Vice President & Secretary David W. Matre, Vice President & Treasurer Lynn Parker, Vice President, Wholesale Anthony Arico, Vice President Peter D. Cooke, Vice President, Development Harry D. Oliver, Assistant Treasurer Thomas E. Williams III, Assistant Secretary

All the above are at: 1300 Arlington Heights Road
Itasca, IL 60143