

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03 000001825

1. Corporation Name

FMI INC.

2. Principal Office Address

800 FEDERAL BLVD.

Suite, Apt. #, etc.

N/A

City & State

CARTERET NJ

Zip

07008

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

SAME

Zip

07008

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/2003

5. FEI Number

22 - 3692923

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004

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.

N/A

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

JENNIFER QUINN

REGISTERED AGENT MUST SIGN

JENNIFER QUINN ASST SECRETARY

Date 10/12/04

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
CEO	GREGORY DESAYE	800 FEDERAL BLVD.	CARTERET NJ 07008
PRES	ROBERT J. O'NEILL	800 FEDERAL BLVD.	CARTERET NJ 07008
COO	MICHAEL DESAYE	800 FEDERAL BLVD.	CARTERET NJ 07008
RFO	JOSEPH DESAYE	800 FEDERAL BLVD.	CARTERET NJ 07008
SECY	JOSEPH CANGELOSI	800 FEDERAL BLVD.	CARTERET NJ 07008
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH CANGELOSI

10/11/2004

Date

Daytime Phone #

732 750 9000

EXT. 146