FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 SEP -8 PM 3:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 05-06

CR2E061 (12/05)

DOCUMENT # F03000001825

1. Corporation Name

FMI Inc

2. Principal Office Address		3. Mailing Office Address	
800 Federal Blvd		800 Federal Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Carteret NJ		City & State: Carteret NJ	
Zip: 07008	Country: USA	Zip: 07008	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3692923 ☐ Applied For ☐ Not Applicable

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 S. 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 617.0505, F.S.

Signature of Registered Agent: _____ Sandra Ortega Assistant Secretary Date: 09/07/06

REGISTERED AGENT MUST SIGN

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
C	Gregory DeSaye	800 Federal Blvd	Carteret NJ 07008
COO	Michael DeSaye	800 Federal Blvd	Carteret NJ 07008
CEO	Robert O'Neill	800 Federal Blvd	Carteret NJ 07008
CFO	Neil Devine	800 Federal Blvd	Carteret NJ 07008
S	Joseph Cangelosi	800 Federal Blvd	Carteret NJ 07008

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 contained in Chapter 119, 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: _____ Joseph Cangelosi 9/5/2006 732-750-9000 ext14

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

FL016 - 01/01/2006 C T System Online

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

FMI INC.

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