

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC -3 PM 4: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400139046734  
12/16/08--01016--014 \*\*\$300.00

CR2E081 (10/08)

**DOCUMENT # F06000004857**

1. Corporation Name

Defiance, Inc. d/b/a  
PRECISION ENGINE PRODUCTS CORP.

2. Principal Office Address - No P.O. Box #  
c/o GenTek Inc.

Suite, Apt. #, etc.

90 East Halsey Road

City & State

Parsippany, NJ

Zip

07054

Country

USA

3. Mailing Office Address  
c/o GenTek Inc.

Suite, Apt. #, etc.

90 East Halsey Road

City & State

Parsippany, NJ

Zip

07054

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 7/21/2006

5. FEI Number  
34-1526359

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

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT

Chris McNeall  
Assistant Secretary

Date 12/03/08

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PD     | William E. Redmond, Jr.              | c/o 90 East Halsey Road                           | Parsippany, NJ 07054 |
| SD     | James Imbriaco                       | c/o 90 East Halsey Road                           | Parsippany, NJ 07054 |
| VD     | Thomas B. Testa                      | c/o 90 East Halsey Road                           | Parsippany, NJ 07054 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/2008 973-884-6950

Date

Daytime Phone #