Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5366

CORPORATION REINSTATEMENT

GALE/TRIANGLE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000006087

1. Corporation Name

Gale/Triangle, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11204 Norwalk Boulevard	225 West Wacker Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 2800
City & State	City & State
Santa Fe Springs, California	Chicago, Illinois
Zip / Country	Zip / Country
90670 / USA	60606 / USA

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida: 09/21/2006

5. FEI Number: 22-3216394 ☐ 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: C T 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, hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: REGISTERED AGENT SIGNATURE — Chris McNeair, Assistant Secretary — Date: 7/16/09

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/D	Michael B. Kaplan	11204 Norwalk Boulevard	Santa Fe Springs, California 90670
P/D	Craig Kaplan	11204 Norwalk Boulevard	Santa Fe Springs, California 90670
S/T/D	Michael L. Kaplan	11204 Norwalk Boulevard	Santa Fe Springs, California 90670
VP	Robert Kaplan	11204 Norwalk Boulevard	Santa Fe Springs, California 90670
CFO	Amath Fall	11204 Norwalk Boulevard	Santa Fe Springs, California 90670

REINSTATEMENT 07-09

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: CFO — 7-13-09 — 562 345-2220

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