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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06 00000 6953

1. Corporation Name
Universal Form Clamp, Inc.

# REINSTATEMENT

07-08

CR2E081 (12/07)

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 3021 East Adamo Drive | | 15172 Goldenwest Circle | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Tampa, Florida | | Westminster, California | |
| Zip | Country | Zip | Country |
| 33605 | USA | 92683 | USA |

4. Date Incorporated or Qualified To Do Business in Florida: 11/08/2006

5. FEI Number: ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

☑ 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: Kelli Shortte
Kelli Shortte, Assistant Secretary — REGISTERED AGENT MUST SIGN

Date: 08/05/08

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 |
|---|---|---|---|
| | See Attachment 9 | | |
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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 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: Gregory Waller — Gregory Waller, Secy & Treasurer — 8/5/08 — 714-442-2100

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

Corporation Reinstatement
For
Universal Form Clamp, Inc.

Attachment 9
List of Officers and Directors

| Title | Names of Officers and/or Directors | Address |
|---|---|---|
| Chief Executive Officer | Jeffrey D. Church | 15172 Goldenwest Circle Westminster, CA 92683 |
| President | Tom Fahey | 15172 Goldenwest Circle Westminster, CA 92683 |
| Treasurer and Secretary | Gregory Waller | 15172 Goldenwest Circle Westminster, CA 92683 |
| Assistant Secretary | Tom McCrystal | 15172 Goldenwest Circle Westminster, CA 92683 |
| Director | Michael R. Stone | 15172 Goldenwest Circle Westminster, CA 92683 |
| Director | Ransom A. Langford | 15172 Goldenwest Circle Westminster, CA 92683 |
| Director | Robert Chartener | 15172 Goldenwest Circle Westminster, CA 92683 |
| Director | Jeffrey D. Church | 15172 Goldenwest Circle Westminster, CA 92683 |

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Division of Corporations

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# Florida Department of State

Division of Corporations
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## CORPORATION REINSTATEMENT

### UNIVERSAL FORM CLAMP, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | ~~$908.75~~ |

$308.75

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