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**CORPORATION REINSTATEMENT
KATENA PRODUCTS, INC.**

Certificate of Status	0
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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F13000001582					
1. Corporation Name KATENA PRODUCTS, INC.					
2. Principal Office Address - No P.O. Box # 4 STEWART COURT State, Apt. #, etc.			3. Mailing Office Address 4 STEWART COURT State, Apt. #, etc.		
City & State DENVILLE, NJ		City & State DENVILLE, NJ		4. Date Incorporated or Qualified To Do Business In Florida 04/11/2013	
ZIP 07834	Country US	ZIP 07834	Country US	5. FEI Number 22-2086818	Applied For NOT APPLICABLE
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 State, Apt. #, etc. City PLANTATION, FL State FL ZIP Code 33324				6. CERTIFICATE OF STATUS DESIRED NO	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0603, F.S. Signature of Registered Agent <u>Michele Holden - Assistant Secretary</u> Date <u>10/14/2016</u> REGISTERED AGENT MUST SIGN					
9. Name 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	
DP	WILLIAM FRIEDBERG	4 STEWART COURT		DENVILLE, NJ 07834	
DVPST	JOHN BENDER	4 STEWART COURT		DENVILLE, NJ 07834	
10. E-mail Address: <u>connolly@katena.com</u> (To be used for future annual report notifications)					
11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR				10/14/2016 (973)-989-1600 Date Daytime Phone #	

RE 10/19/16