

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

02 JUL -1 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-02

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400000592

1. Corporation Name
STIMSONITE CORPORATION

2. Principal Office Address
6565 W. HOWARD

3. Mailing Office Address
150 N. DRANGE GROVE

City & State
NILES, IL PASADENA, CA

Zip Country
60714 USA 91103 USA

4. Date incorporated or Qualified To Do Business in Florida
12/21/94

5. FEI Number
36-3718658

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Corporation Services Company

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

City
Tallahassee

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.805 or 817.0503, F.S.

Signature of Registered Agent
Deborah D. Skipper

REGISTERED AGENT MUST SIGN
Deborah D. Skipper Asst. V. Pres.

Date
7-1-02

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
Dir. PRES	R. G. VAN Schoonenberg	150 N. DRANGE GROVE	PASADENA, CA 91103
Dir. V.P. SECY	R. P. RANDALL	150 N. DRANGE GROVE	PASADENA, CA 91103
Dir. V.P. TRES	K. E. RODRIGUEZ	150 N. DRANGE GROVE	PASADENA, CA 91103
V.P.	K. KIAN	6565 W. HOWARD	NILES, IL 60714

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 807 or 817, 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 807.0401 or 817.0401, 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 under section 119.07(3)(i), 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: **R. Randall** V.P.T. Secretary
Date: **6/27/02**
Daytime Phone #: **626-304-2223**

CR2001 (9/01)



2002

ACCOUNT NO. : 072100000032
REFERENCE : 646742 4814806
AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 1658.75

ORDER DATE : July 1, 2002
ORDER TIME : 9:07 AM
ORDER NO. : 646742-005
CUSTOMER NO: 4814806
CUSTOMER:
Avery Dennison Corporation
P.O. Box 98884
Las Vegas, NV 89193

REINSTATEMENT

NAME: STIMSONITE CORPORATION

*client stated that
Karen told them the
good standing would
be returned to us
today. Thanks!
Sara*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea EXT 1114
EXAMINER'S INITIALS _____