

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JUL -2 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003033

1. Corporation Name

AEARO COMPANY I

Principal Place of Business

Mailing Address

90 MECHANIC ST
SOUTHBRIDGE MA 01550

90 MECHANIC ST
SOUTHBRIDGE MA 01550

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5457 West 79th Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Indianapolis, IN

City & State

Zip

46268

Country

US

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1996

5. FEI Number

13-3840356

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	MCLAIN, MICHAEL	5457 W. 79TH ST	INDIANAPOLIS IN 46268
VP OF VP	CAREY, BRYAN + JEFFREY KULKA	5457 W. 79TH ST	INDIANAPOLIS IN 46268
VPL	FLOYD, JIM	5457 W. 79TH ST	INDIANAPOLIS IN 46268
VPC	KAPUR, RAHUL	5457 W. 79TH ST	INDIANAPOLIS IN 46268
VP GG	MALLITZ, M. RAND	5457 W. 79TH ST	INDIANAPOLIS IN 46268
VPC	HALL, JOHN + JAMES BERNHARDT	90 MECHANIC ST 5457 W. 79th St	SOUTHBRIDGE MA 01550 INDIANAPOLIS IN 46268

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

8000004474758-4

-07/13/01--01076--015

***908 State ***908.75

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 7/2/01

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/01
Date

508 764 5500
Daytime Phone #

CR2E040 (8/00)