Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB 11 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000720

1. Corporation Name

Price Pfister, Inc.

REINSTATEMENT

13-14

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
19701 Da Vinci		19701 Da Vinci	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lake Forest, CA		Lake Forest, CA	
Zip	Country	Zip	Country
92610	USA	92610	USA

4. Date Incorporated or Qualified To Do Business In Florida
5/17/1983

5. FEI Number
95-3844796
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Reinstatement
$8.75 Additional Fee required for a Certificate of Status

500256636705

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	State	Zip Code
Tallahassee	FL	32301

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: Sue G. Knight Assistant Vice President Date 1-31-14

REGISTERED AGENT MUST SIGN

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 ATTACHED LIST		

10. **E-mail Address:** margaret.healy@spectrumbrands.com
(To be used for future annual report notification)

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

FEB 11 2014

M. WILLIAMS

Gregory J.Gluchowski Jr. (President) Brent A. Esplin (Vice President & CFO) Yvonne Schroeder (Division Vice President & Assistant Secretary)	19701 Da Vinci Lake Forest, CA 92610
Nathan E. Fagre (Vice President & Secretary, Director) John Beattie (Vice President & Treasurer, Director) Carita Twinem (Vice President of Corporate Tax) Chris Jones (Vice President of Finance) Heather L. Clefisch (Division Vice President & Assistant Secretary, Director) Diane Miller (Assistant Treasurer) Cassandra Best (Assistant Secretary) James R.M. Hemmings (Assistant Secretary)	3001 Deming Way Middleton, WI 53562

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 987473 7434654

AUTHORIZATION :

COST LIMIT : $ 900.00

ORDER DATE : January 31, 2014

ORDER TIME : 12:02 PM

ORDER NO. : 987473-005

CUSTOMER NO: 7434654

RECEIVED
14 FEB 11 PM 2:02

REINSTATEMENT

NAME: PRICE PFISTER, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

FEB 11 2014
M. WILLIAMS