PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 OCT 24 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

100024091901
10/24/03--01060--029 **750.00

DOCUMENT # **F99000003799**

1. Corporation Name

M+W ZANDER U.S. OPERATIONS, INC.

Principal Place of Business	Mailing Address
1820 PRESTON PARK BLVD., STE. 200 PLANO TX 75093	1820 PRESTON PARK BLVD., STE. 200 PLANO TX 75093

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/26/1999

5. FEI Number: 74-2792092 ☐ 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
~~PCS~~	~~RAMSEY, TIMOTHY H~~	~~1820 PRESTON PARK BLVD., STE. 20~~	~~PLANO TX 75093~~
PCS	Bove, Michael D.	1453 Mission Street	San Francisco, CA 94103
COO/T	Whitney, Richard A.	1820 Preston Park, Ste. 2000	Plano, TX 75093
V	Riojas, Steven	1453 Mission Street	San Francisco, CA 94103
V	Graeber, Ralf	4710 E. Elwood, Ste 9	Phoenix, AZ 85054
ASST S	Fontenot, Lois	1820 Preston Park, Ste. 2000	Plano, TX 75093

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE Brian Courtney Asst. V. Pres. Date: 10/22/03
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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: Lois Fontenot Lois Fontenot 10/17/03 972-801-1062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #