

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M02000003409

**FILED**  
**Jun 10, 2005**  
**Secretary of State**

**Entity Name:** NISSEN FASTENERS (FLORIDA) LLC

**Current Principal Place of Business:**

835 ELLINGHAM STREET  
POINT CLAIRE  
QUEBEC H9R 5E8,

**New Principal Place of Business:**

835 ELLINGHAM STREET  
POINTE CLAIRE, QC H9R 5E8 CA

**Current Mailing Address:**

835 ELLINGHAM STREET  
POINT CLAIRE  
QUEBEC H9R 5E8,

**New Mailing Address:**

835 ELLINGHAM STREET  
POINTE CLAIRE, QC H9R 5E8 CA

**FEI Number:** 98-0388223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NISSEN, CHRISTIAN V.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NISSEN, CHRISTIAN V  
Address: 2231 PLACE DE BELVEDERE  
City-St-Zip: ST LAZARE, QUEBEC, J7T 2B1

Title: MGRM ( ) Delete  
Name: NISSEN, RALPH D  
Address: 223 MCDERMOTT  
City-St-Zip: ROCKLAND, ONTARIO, K4K 1K9

Title: MGRM ( ) Delete  
Name: NISSEN, PETER A  
Address: 41 OXFORD  
City-St-Zip: BRIE D'URFE, QUEBEC, H9X 2T6

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NISSEN, CHRISTIAN V  
Address: 2231 PLACE DE BELVEDERE  
City-St-Zip: ST LAZARE,, QC J7T 2B1 CA

Title: MGRM (X) Change ( ) Addition  
Name: NISSEN, RALPH D  
Address: 223 MCDERMOTT  
City-St-Zip: ROCKLAND, ON K4K 1K9 CA

Title: MGRM (X) Change ( ) Addition  
Name: NISSEN, PETER A  
Address: 41 OXFORD  
City-St-Zip: BRIE D'URFE, QC H9X 2T6

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NISSEN, CHRISTIAN V.

MGRM

06/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date