PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 MAR 23 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18415

1. Corporation Name

ADIENCE, INC.

Principal Place of Business | Mailing Address

REINSTATEMENT ave 98 fed 3/23/98

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
27 NOBLESTOWN RD	150 INTERSTATE N PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 300
City & State CARNEGIE, PA	City & State ATLANTA, GA
Zip 15106 Country USA	Zip 30339 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/14/88

5. FEI Number 14-167486 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	STEPHEN JOHNSON	27 NOBLESTOWN RD	CARNEGIE, PA 15106
V,T	DAVID ALDRIDGE	150 INTERSTATE N PKWY	ATLANTA, GA 30339
S	GARY EDWARDS	150 INTERSTATE N PKWY	ATLANTA, GA 30339
C,D	STEVEN ELBAUM	1790 BROADWAY	NEW YORK, NY 10019
D	GENE LEWIS	1790 BROADWAY	NEW YORK, NY 10019
			610000246721S--8 -03/24/98--01106--002 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street
Suite, Apt. #, Etc.:
City: Tallahassee | State: FL | Zip Code: 32301

CR2E040 (1/98)

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 Rachel Searcy REGISTERED AGENT MUST SIGN Asst. Secty Date 3/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/20/98 Daytime Phone # 770 953-8338