Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

DQW

FILE 1ST

Before

CORPORATION REINSTATEMENT

ISO-TECK INDUSTRIES, INC.

H09000007778-3

Certificate of Status	0
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P9/082

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 07-09

CR2E081 (12/07)

DOCUMENT # P93000030878

1. Corporation Name
ISO-TECK INDUSTRIES, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1141 NW 31 AVENUE		c/o HUNTER DOUGLAS, I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		2 PARK WAY - 3RD FL	
City & State		City & State	
POMPANO BEACH, FL		upper saddle river, nj	
Zip	Country	Zip	Country
33069	USA	07458	USA

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 27, 1993

5. FEI Number: 65-0408367 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Doreen Wallace (signature)
Doreen Wallace
Assistant Vice President
REGISTERED AGENT MUST SIGN
Date: 1/15/2009

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
Pres.	MARVIN HOPKINS	2 PARK WAY - 3RD FL	upper saddle river, nj 07458
EVP	AJIT MEHRA	2 PARK WAY - 3RD FLOO	upper saddle river, nj 07458
VP	RICHARD GOTTUSO	2 PARK WAY - 3RD FLOO	upper saddle river, nj 07458
DIR.	MARVIN HOPKINS	2 PARK WAY - 3RD FL	upper saddle river, nj 07458
DIR.	AJIT MEHRA	2 PARK WAY - 3RD FL	upper saddle river, nj 07458
DIR.	RICHARD GOTTUSO	2 PARK WAY - 3RD FL	upper saddle river, nj 07458

10. 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 contained in Chapter 119, 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: Jennifer Garguilo (signature) Assistant Secretary 1/15/09 201-760-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/16 aw