

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 01-02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Hams
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F96-1684*

1. Corporation Name
Sewell Products of Florida, Inc.

2. Principal Office Address
909 Magnolia Ave.

Suite, Apt. #, etc.

City & State
Auburndale FL

Zip Country
33823 USA

3. Mailing Office Address
909 Magnolia Ave.

Suite, Apt. #, etc.

City & State
Auburndale FL

Zip Country
33823 USA

4. Date Incorporated or Qualified To Do Business in Florida 3/6/1996

5. FEI Number 54-1795317 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
2 please!

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State FL Zip Code 33324

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, VS.

Signature of Registered Agent *Tammy Tofteroo* **TAMMY TOFTEROO** Date *8-12-02*
REGISTERED AGENT MUST SIGN **VICE PRESIDENT**

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
P/D	David Cynamon	909 Magnolia Ave.	Auburndale FL 33823
T/CFO	Roy Pearce	909 Magnolia Ave.	Auburndale FL 33823
S	Rick Pfab	909 Magnolia Ave.	Auburndale FL 33823
Asst. S	Howard Brodie	909 Magnolia Ave.	Auburndale FL 33823
D	Bruce Pollack	909 Magnolia Ave.	Auburndale FL 33823
D	Scott Perekslis	909 Magnolia Ave.	Auburndale FL 33823

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 61 T, 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: *Rick Pfab* **RICK PFAB** Date *8/8/02* Daytime Phone # *713-747-8710*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR