2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT											
DOCUMENT # K63434											
DUNRITE METAL FABRICATORS, INC.						2007 DEC -3 PM 5: 17					
Principal Place of Business Mailing Address							SECRETAR TALLAHASS	Y OF ST	Ail IRIO		
12099 44TH Clearwater		2 US	12099 44TH ST N CLEARWATER, FL 337				JALLANAS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
							31511 51011 51311 S		AND IN IREI		
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10222007	REIN-P	CR2E09	98 (1/07)		
City & State			City & State			4. FEI Numbe 59-2932				plied For ot Applicable	
Zip		Country	Zip	Zip Coun		5. Certificate of Status Desired Security Securi					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
LINGENER	TITER D	AVID			Name						
LINGENFELTER, DAVID 12099 44TH ST N CLEARWATER, FL 33762					Street Address (P.O. Box Number is Not Acceptable)						
					City	FL Zip Code					
			for the purpose of changing its	ed office or register	red agent, or both	h, in the State of Flor		niliar with,	and accept		
the obligations of registered agent. SIGNATURE											
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if applicable (NO)	TE: Register	ed Agent signature requir	red when reinstating)		DATE			
FILE NOW!!! FEE IS \$750.00											
		08, Fee will be \$900	.00								
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTORS	3 IN 11	
TITLE	DP	ELTED DAVID	☐ Delete	E			[☐ Change	Addition		
NAME STREET ADDRESS	l	ELTER, DAVID ODRUFF AVE		EET ADDRESS	20	01127	RED:		Ì		
CITY-ST-ZIP					- ST - ZIP	12/03/	ロ1127 ′0701055-	-020 *	⊶750.I	00	
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TITLE			☐ Delete	TITL					Change	Addition	
NAME				NAM	ιE				_ <u>-</u>		
STREET ADDRESS				- 6	EET ADDRESS '-ST-ZIP						
12. Thereby o	L certify that th	e information supplied wi	ith this filing does not qualify for	or the ex	emptions contained	in Chapter 119.	Florida Statutes. I f	urther certify	that the in	itormation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if											
changed, or on an artischment with 30 addrests, fith \$11 other like empowered.										76.2	
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER DROWNESSOR Date Date											

12/4 av