

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 28 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M18022

1. Corporation Name

STANDARD INDUSTRIAL PRODUCTS COMPANY

2. Principal Office Address

2110 SW 3rd. AVENUE

3. Mailing Office Address

2110 SW 3RD AVENUE

Suite, Apt. #, etc.

6-D

Suite, Apt. #, etc.

6-D

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33129

Country

USA

Zip

33129

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

7/15/85

5. FEI Number

59-2560992

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

RAUL I. MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

2110 SW 3RD AVENUE

REINSTATEMENT

02-03

Suite, Apt. #, Etc.

6-D

City

MIAMI

State
FL

Zip Code
33129

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/22/03

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	RAUL A. MARTINEZ	12610 OLD GALVESTON RD	WEBSTER, TX. 77598
VT	RAUL I MARTINEZ	2110 SW 3RD AVE # 6D	MIAMI, FL. 33129
S	MARIA E. MARTINEZ	12610 OLD GALVESTON RD	WEBSTER, TX. 77598

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 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

7-03-03

Date

(205) 579 4727

Daytime Phone #

CR2E081 (1/0/02)