

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUL -8 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/12/05--01018--008 **300.00

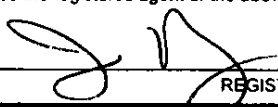
REINSTATEMENT 03-05

| | | | |
|--|---------|---|---------|
| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P04707 1. Corporation Name BRIGGS PLUMBING PRODUCTS, INC. | | | |
| 2. Principal Office Address 300 EAGLE RD. Suite, Apt. #, etc. | | 3. Mailing Office Address PO BOX 71077 Suite, Apt. #, etc. | |
| City & State GOOSE CREEK, SC | | City & State CHARLESTON, SC | |
| Zip 29445 | Country | Zip 29415 | Country |


| | |
|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 1-21-1985 | |
| 5. FEI Number 38-2567751 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| \$8.75 Additional Fee required for a Certificate of Status | |

| | | |
|--|-------------|-------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name CORPORATION SERVICE COMPANY | | |
| Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET | | |
| Suite, Apt. #, Etc. | | |
| City TALLAHASSEE | State FL | Zip Code 32301 |

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| | | |
|--|----------------------------------|----------------|
| 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  | Jeanine Reynolds as its agent | Date 7-7-05 |
| REGISTERED AGENT MUST SIGN | | |

| 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 | JORGE MERUANE | 300 EAGLE RD. | GOOSE CREEK, SC 29445 |
| T/S | DON TRACY | 300 EAGLE RD. | GOOSE CREEK, SC 29445 |
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|---|-----------|-----------------|
| 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:  | 31-May-05 | 843-569-7887 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| | Date | Daytime Phone # |

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