


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>99 AUG -3 AM 11:34</b>  <b>96-99</b>	
<b>APPLICATION FOR REINSTATEMENT</b> <b>DOCUMENT #</b> <i>POS0000</i> 1. Corporation Name <b>Reynolds Fasteners, Inc.</b> <i>W0900008 11/19/90</i>			
Principal Place of Business Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>5120 B East Adamo</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>120 Clover Place</b> Suite, Apt. #, etc.	
City & State <b>Tampa FL</b>		City & State <b>Edison NJ</b>	
Zip <b>33619</b>	Country	Zip <b>08837</b>	
		4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number <b>11-2724290</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO	R. Sahi	945 Wilson Ave	Toronto, Canada M3K-1E8
Secy	E. Hretzay	945 Wilson Ave	Toronto, Canada M3K-1E8
Pres.	D. Haggerty	120 Clover Place	Edison, NJ 08837
			<b>800002955368-4</b> <b>08/10/99-01028-009</b> <b>***1200.00 ***1200.00</b> <i>SB 8/6</i>
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>Kathryn Plott</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>5120 B East Adamo Rd</b>	
		Suite, Apt. #, Etc.	
		City <b>Tampa</b>	State <b>FL</b>
		Zip Code <b>33619</b>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent <i>Kathryn W. Plott</i> REGISTERED AGENT MUST SIGN		Date <i>6/28/99</i>	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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.			
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>6/21/99</b> 732-225-2511 Date Daytime Phone #	

CPRE040 (1/98)