

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN 21 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084958

1. Corporation Name  
SPECIALIZED PRODUCTS CO., INC.

Principal Place of Business Mailing Address  
PO Box 330968 PO Box 330968  
ATLANTIC BEACH FL ATLANTIC BEACH FL  
32233-0968 32233-0968  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
SAME AS ABOVE  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Address, If Applicable  
SAME AS ABOVE  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
NOV. 14, 1994

5. FEI Number  
59-3286691

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P-T-S	ROBERT V. LARKIN II	628 CHERRY STREET	NEPTUNE BEACH FL 32266
			300002065603--6 -01/23/97--01012--004 ***383.75 ***383.75
			1/21/97

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B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name ROBERT V. LARKIN II	
Street Address (P.O. Box Number is Not Acceptable) 628 CHERRY STREET	
Suite, Apt. #, Etc.	
City NEPTUNE BEACH	State Zip Code FL 32266

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: *Robert V. Larkin II* Date: 1-14-97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Robert V. Larkin II* Date: 1/14/97 Daytime Phone #: 904-388-4277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)