PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV -6 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000003523

REINSTATEMENT 03

1. Corporation Name
EDRON METAL MANUFACTURING, INC.

2. Principal Office Address	3. Mailing Office Address
1901 NW 32nd Street	1901 NW 32nd Street
Suite, Apt. #, etc. Bay #12	Suite, Apt. #, etc. Bay #12
City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33064 Country USA	Zip 33064 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/11/99

5. FEI Number 65-0887972 ☐ 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: ROLAND ZDUNEK

Street Address (P.O. Box Number is Not Acceptable): 11265 NW 45th Street

300024474793
11/06/03--01013--015 **750.00

Suite, Apt. #, Etc.:

City: CORAL SPRINGS State: FL Zip Code: 33065

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 _____ Date 10/23/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
DP	ROLAND ZDUNEK	11265 NW 45th Street	CORAL SPRINGS, FL 33065
D.V.P.	VICTOR ORTEGA	711 NE 31st Street	POMPANO BCH, FL 33064

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: _____ 10/23/03 954-979-8303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #