

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

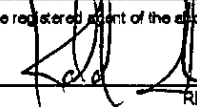
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P490000003523			
1. Corporation Name EDROON METAL MANUFACTURING, INC.			
2. Principal Office Address 1901 NW 32 nd Street Suite, Apt. #, etc. Bay #12 City & State POMPANO BEACH, FL Zip Country 33064 USA		3. Mailing Office Address 1901 NW 32 nd Street Suite, Apt. #, etc. Bay #12 City & State POMPANO BEACH, FL Zip Country 33064 USA	

REINSTATEMENT 03

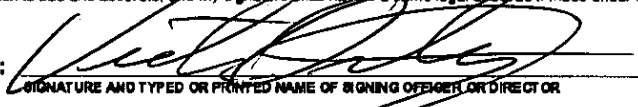
4. Date Incorporated or Qualified To Do Business in Florida 01/11/99	
5. FEI Number 65-0887972	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ROLAND ZDUNEK	
Street Address (P.O. Box Number is Not Acceptable) 11265 NW 45 th Street	
Suite, Apt. #, Etc. 	
City CORAL SPRINGS	State Zip Code FL 33065

300024474733
11/06/03--01013--015 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.	
Signature of Registered Agent 	Date 10/23/03
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
DP	ROLAND ZDUNEK	11265 NW 45 th Street	CORAL SPRINGS, FL 33065
D.V.P.	VICTOR ORTEGA	7111 NE 31 st 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 118.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10/23/03 Daytime Phone # 954-979-8303

CR25081 (10/02)

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