PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM			8	DEPAR Secretar SION OF C	y of S			10 SEP -7 AM 10: 31 SECTION AND STATE	
DOCUMEN ⁻ 1. Corporation Name	Г#8	17928		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Davidson Key West Pipe Line Corp.									
Principal Office Addr. 5002 Second	Mailing Office Address S002 Second Avenue				REIN	ISTATEMENT OZ-10			
Suite, Apt. #, etc.	Suite, Apt. #, etc				4 Date Inco	ornorated or Qualified			
City & State Brooklyn, NY	City & State Brooklyn, NY				5. FEI Num				
^{Zip} 11232	32 Country Zrp Kings County 11232		Zip 11232	ľ		ry Js County]	TE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
	7. Nar	ne and Address of	Current Regist	tered Agen	it				
Name Se	e A	Hached		į					
Street Address (P.O. Box Number is Not Acceptable)							600185124466 09/07/1001060007 **1950.00		
Suite, Apt. #, Etc.									
City					State FL	Zıp Code	\$1418		
8. It 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	
9. Names and Street A	ddresses	of Each Officer and	or Director (Flor	nda nonpro	fit corpo	rations must list at le	east 3 directors)		
Titles Name of Officers and/or Directors				Street Address of Each Officer and/gr Director				City / State / Zip	
Ares. O SCC STVART KRUEGER V. P. N. P.				973 Wateredge Pl			Hy.H.	HEWLETT Harbur, N.Y 11557	
TREAS PETER VAUIDSUN				311 Ever. HAVE			r <u>e</u>	Hewlett /kerlar N.Y 1155	
			700						
10. E-mail Address: STURET (a) DAVIDSON PIPE, (UM) (To be used for future annual report notification)									
In 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. Further certify, 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 Days The Company of the corporation of 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. Further certify that when filing this reinstatement application, as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filing this remains a provided for in chapter 607 or 617, F.S. I further certify that when filing this remains a provided for in chapter 607 or 617, F.S. I further certify that when filing this remains a provided for in chapter 607 or 617, F.S. I further certify that when filing this remains a provided for in chapter 607 or 617, F.S. I further certify that when filing this remains a provided for in chapter 607 or 617, F.S. I further certify that when filing this remains a provided for in chapter 607 or 617, F.S. I further certif									

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CORPORATI REINSTATEM	(金融)(金融)(金融)	FLORIDA DEPART Secretary DIVISION OF CO	of State	RA	Only				
DOCUMENT 1. Corporation Name									
Davidson Ke	y West Pipe Li								
Principal Office Addre 5002 Second		3. Mailing Office Addres							
Suite, Apl. #. etc	Avenue	5002 Second A Suite, Apt. #, etc.	venue		CR2E081 (6/10)				
-				4. Date Incorporated To Do Business in	or Qualified Florida 01/18/1964				
City & State Brooklyn, NY	•	City & State Brooklyn, NY		5. FEI Number 11-6034341	Applied For Not Applicable				
^{Z_{1p}} 11232	Country Kings County	zip 11232	Country Kings County	6. CERTIFICATE OF STA	\$8.75 Additional Fee required				
	7. Name and Address of	Current Registered Agen	t						
Name CAPITO	L CORPORATE	SERVICES, INC							
	x Number is Not Acceptable) fice Plaza								
Suite, Apt. #, Etc.				.					
Tallahass			State Zip Code FL 32301						
8. I, being appointed the Signature of Registered Agent	e registered agent of the abo	_	0505 ar 617.0503, F.S. ale						
9. Names and Street A	ddresses of Each Officer and	l/or Director (Florida nonpro	fit corporations must list at lea	ast 3 directors)					
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	}	City / State / Zip				
fres. (1 Sec)TVAR	T KRUEGE	C 11-20	watereage P lett-Harby-N	HALL HE	WIE TT Harbor, N.Y,1557				
TREAS PELE	~ V)AUIDSON	311	e Hei	West Karbos, N.Y 1155					
					/				
	· · · · · · · · · · · · · · · · · · ·								
10. E-mail Address: STUPET (a) DAVIDSON PIPE, (OM (To be used for future annual report notification)									
filing this reinstalemen	nt application, the reason for operation have been paid. Fur	celver or Irustee empower dissolution has been elimina ther certify, the information i	red to execute this applicated, the corporate name satis	tion as provided for in ifies the requirements of true and accurate, and	chapter 607 or 617, F.S. I further certify that when section 607,0401 or 617,0401, F.S., that all my signature shalf have the same legal effect				