PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris REINSTATEMENT Secretary of State 01 MAY 21 PM 4: 31 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 558215 Florida Machine & Welding, Inc. 2. Principal Office Address 1400 Chamber DR Suite, Apt. #, etc. 1400 Chamber DR 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State BARtow, FL Country BARtOW, FL 59-1194637 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Cortificate of Status 7. Name and Address of Current Registered Agent MAXWell Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Etc. City AKelANd 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 Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Robert E. MAXWell 1400 Chamber Drive BARtow, FL 33830 200004488342 \*\*\*1050.00 \*\*\*1050.00 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 pel 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 it made under oath.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: