DEINISTATEMENT 940-97		BUCTIONS BEFORE	COMPLETING THIS FORM	
Image: Document # 640/97       97 007 22 AH 10: 54         Sarlon Industries Inc.       Sarlon Industries Inc.         Propertion Name       Value assess         Cloperation Name       Value assess         Cloperation Name       Value assess         Sarlon Industries Inc.       Value assess         Propertion Name       Value assess         Cloperation Name       Value assess         Social Cloperation Name       Value asse	APPLICATION FOR 91-97	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	APPROVED	
Sarion Industries Inc. Proceed have of Burines Clo Robert M McCloskey 2801 Pance Delices Plus H4400 2801 Pance Delices Plus H4400 PD Ferster, LE 57 MOXOR RD Puncture Delices Plus H4400 D McClaskey, RM 2801 Pance Delices H4400 D McClaskey, RM 2801 Pance Delices H4400 D Plus Plus H4400 D Plus Plus H4400 Plus H4400 D Plus Plus H4400 Plus H4400 Pl			97 OCT 22 AH 10: 54	
Proper data to block the manage and the second second and the correction below.  Proper data to block the second second block the second second block the control of the second second block the second	Sacha Industries loc		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
If above addresses are incorrect in any way, Inc through incorrect information and entry correction below. <b>A. Deter Encorrect Information and entry correction below. A. Deter Encorrect Information and entry correction and entry correction below. A. Deter Encorrect Information Director: Flore Kannee: A. Deter Encorrect Information and entry correction and entry entr</b>	Clo Robert-M McCloskey 2801 Ponce De Leon BIVD = 400		6000023307162 -10/27/9701144018 *****915.00 ****915.00	
2800 L Force: Us Leavely State April 200       To be defined in Ports 1979         Suite April 4 Gao       City & State       Difference: Us Leavely State       Difference: Us Leavely State         2016 A for the decision of the de	If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
Carl State       Carl State <td colspan="2">Sulte, Apl. #, etc.</td> <td>To Do Business in Florida</td>	Sulte, Apl. #, etc.		To Do Business in Florida	
331.34       USA       Control of the status       Control of the status       Control of the status         7. Names and Street Addresse of Each Officers       Street Address of Each Officers       City / State / Zip         7. Names and Street Addresses of Each Officers       3 (Do NOT Use real Officers)       City / State / Zip         P.D. Ferster, LE       57 MOX Dr Do Performents       Corral Gables FL 35%         D       McClaskey, RM       2801 Packet Pel Lea       Corral Gables FL 35%         D       ZINS, S       31 Valuest House       Low Dow, Sw         D       McClaskey, RM       2801 Packet Pel Lea       Corral Gables FL 35%         D       ZINS, S       31 Valuest House       Low Dow, Sw         Packet Modess of Current Registered Agent       9. Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent         Robert M. McClaskey       Site Address of New Registered Agent       9. Name and Address of New Registered Agent       9. Name and Address of New Registered Agent         Robert M. McClaskey       Site Address of New Registered Agent       9. Name and Address of New Registered Agent       9. Name and Address of New Registered Agent         Robert M. McClaskey       Site Address of New Registered Agent       9. Name and Address of New Registered Agent       9. Name and Address of New Registered Agent         Robert M. M. McClas	City & State Cora Gables FL City & State		<u>59-1929034</u> Not Applicable	
Interest of Officers       and/or Directors       3       Control Address of Each       City / State / Zp         PD       Ferster, LE       57       Mox on RD       PUNchbawit, Aus N. Sw         D       McClaskey, RM       2601       Pace De Leage       Coral Gables FL 3////         D       Zinss, S       31       Values to the Coral Gables FL 3///       Sw         Vicarage       Vicarage       Low Dow, Sw         Relinstrate Memory       Nome and Address of Current Registered Agent       Name       Name and Address of Current Registered Agent       Name         Robert       M. McClaskey       Name       Name and Address of Current Registered Agent       Name       Name and Address of Now Registered Agent       Name         Robert       M. McClaskey       Sweet Address (P.O. Box Number is Not Acceptable)         Sweet Address (P.O. Box Number is Not Acceptable)       Sweet Address (P.O. Box Number is Not Acceptable)       <	<u>33134 USA</u>		CERTIFICATE OF STATUS DESIRED for a Certificate of Status	
D       McClaskey, RM       2601 Proce De Lear       Coral Gables FL3;         D       ZINS, S       31 Valiant Hasse       Lownow, Sw         REINSTATEMENT       9, 94         Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent       9. Name and Address of New Registered Agent         Robert       M. McClaskey       10/22/97         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State Zip Code         FL       State Zip Code       FL         State Zip Code       FL       State Zip Code         FL       State Zip Code       FL	Name of Officers           Trile(s)         and/or Directors	Street Address of Eat Officer and/or Direct	sh or City / State / Zip	
D       Micclaskey, KM       2601       Parce Delear       Coral Gables FLSB, Vicange         D       ZINS, S       31 Valuant Horse       London, Sw         Reinstratement gables of current Registered Agent       Reinstratement gables of New Registered Agent       Mare and Address of Current Registered Agent       9. Name and Address of New Registered Agent       Mare gables of New Registered Agent         Robert       M. McClaskey       Street Address (P.O. Box Number is Not Acceptable)       Sulle, Apt. #, Etc.         2801       Ponce       Delear       Bite       Zip Code         61. Units appointing the registered agent       Name       State       Zip Code         10. Leing appointing the registered agent       Mare       State       Zip Code         10. Leing appointing the registered agent       Mare       State       Zip Code         10. Leing appointing the registered agent       Mare       State       Zip Code         10. Leing appointing the registered agent       Mare       Mare       State       Zip Code         10. Leing appointing the registered agent       Mare       Mare       State       Zip Code         11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.       Yes       No X       (See other side for information on Intangible tax)         <	PD Ferster, LE 57 MOXON RD		> PUNCHDOWT, AUS N.SW	
V       ZINS, S       31 Valiant House       Lowdow, Sw         REINSTATEMENT       94-97         REINSTATEMENT       94-97         0. Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent         10/22/97         0. Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent         10/22/97         0. Name and Address of Durrent Registered Agent       9. Name and Address of New Registered Agent         Robert       M. McClaskey         2801       Powce         Dec Lean       Bittel Address (P.O. Box Number is Not Acceptable)         Suite, Apt. #, Etc.       State         Coccal       Gables         FL       Signature of         Registered Agent       Mame         11. Does this corporation pay any intangible tax to the       No M         Dept. of Revenue under S. 199.032, Florida Statutes.       Yes         No M       Section for 607.0507 or 617, F.S. Huther 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 all field on the manes of Individual sited on this form on on taguity for an exemption under section 1907(30), F.S. The information on Intanglible tax.)         12. Loeftify that I am an officer or director or the receiver or trustee empowered to execute this app	D McClaskey, RM 2801 Pave De Lear Coral Gables FL 31/			
REINSTATEMENT 94-94 0. 40 mm         REINSTATEMENT 94-94 0. 40 mm         0. Name and Address of New Registered Agent 10/22/97         Image: Street Address of New Registered Agent Name         Name and Address of New Registered Agent Name         Robert M. McClaskey Street Address (P.O. Box Number is Not Acceptable)         Suite, Apt. #, Etc.       Street Address (P.O. Box Number is Not Acceptable)         Suite, Apt. #, Etc.         City       State         Signature of Registered Agent       M.S. Claskey Other State         10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Saction B07.0505, F.S.         Signature of Registered Agent       Date         Street Address (P.O. Box Number is Not Acceptable)       Satter Zip Code         11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.       Yes       No (S)       (See other side for information on intangible tax.)         12. 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 lease of Individuals listed on the requirements of Section 607.0001 or 617.0001, F.S. The individuals listed on the on on tange and the requirement of solution hase been eminated, the corporate name satisfies the requirements of Section 607.0001 or 617.0001, F.S. The individuals listed on the on on	V ZINS, S 31 Valiant House LONDON, SW			
e. Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent         Robert M. McClaskey       Name         2801 Powce DeLew Blud       Street Address (P.O. Box Number is Not Acceptable)         Suite, Apt. #, Etc.       Suite, Apt. #, Etc.         COCal Gables FL33134       City         10. I. being appointed the registered agent       Mame         Registered Agent       Mame         State       Zip Code         FL       Date         State       Zip Code         FL       Date         State       State         Signature of Registered Agent       Mathematication and the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.         Signature of Registered Agent       Mathematication and the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.         Signature of Registered Agent       Mathematication and the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.         Signature of Registered Agent       Mathematication and the above named corporation and section for Agent is an office to information on Intengible tax.         11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.       Yes       No X       See other side for information on Intengible tax.)         12.	TEMENT 96-97			
Robert M. McClaskey       Street Address (P.O. Box Number is Not Acceptable)         2801 Ponce DeLeow Blud       Street Address (P.O. Box Number is Not Acceptable)         34e # 400       Suite, Apt. #, Etc.         Collage Gables, FL33134       City         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       Date         Registered Agent       Date         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. Leetlify 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 the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., that all fees one of 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(0), F.S., the information indicated	RFIND		NOTATLITTE a. glan	
Robert M. McClaskey       Street Address (P.O. Box Number is Not Acceptable)         2801 Ponce DeLeow Blud       Street Address (P.O. Box Number is Not Acceptable)         34e # 400       Suite, Apt. #, Etc.         Coecal Gables, FL33134       City         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       Date Sector 12, 19.97         11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No S       No S         (See other side for information on intangible tax.)       Sterent state for or 617, F.S. I further certify that when filing the reinstelements of section 607.0401, F.S., that all fees owered 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(30), F.S. the information indicated			10/22/97	
Stell       ## 400         COROL GODES, FL33134       City         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       Colored M. M. Clashey         11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.       Yes         No       Sector of Corporation for 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 and the names of individuals listed on this form do not qualify for an exemption under section 110.07(3)(i), F.S. The information indicated	Robert M. McClaskey			
COROL Gables, FL33134       City       State       Zip Code         10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.       FL       FL         10. 1, 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       FL         Signature of Registered Agent       M.S. Clashey       Date       Sector 12, 19.97         11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.       Yes       No       No       Sector 607, 067, 07.617, 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	2801 Ponce Deleas	BIUL Street Address (	Street Address (P.O. Box Number is Not Acceptable)	
Signature of Registered Agent       Column M Classing         11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X       No X         12. 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	CORQ   Gables FL 33134 City State Zip Code			
<ul> <li>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.)</li> <li>12. 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</li> </ul>	Signature of Robert M. M. Claskery Date SEPT 13 1997			
12. 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	11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.)			
SIGNATURE: AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Daylime Phone #	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			