

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 858349 1. Entity Name J-M PIPE MANUFACTURING COMPANY, INC.				 <div style="text-align: right; margin-top: 10px;"> FILED 05 OCT 28 AM 10:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 9 PEACH TREE HILL RD LIVINGSTON, NJ 07039 US		Mailing Address 9 PEACH TREE HILL RD LIVINGSTON, NJ 07039-5702 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 10062005 REIN-P CR2E098 (6/04)	
City & State Zip Country		City & State Zip Country		4. FEI Number 84-0895616	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable:</small>		(NOTE: Registered Agent signature required when reinstating) <div style="text-align: right;"> 10/24/05 <small>DATE</small> </div>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 </div> <div></div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WANG, WALTER 9 PEACH TREE HILL ROAD LIVINGSTON, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIGHTINGALE, ALICE 9 PEACH TREE HILL RD. LIVINGSTON, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WANG, Y.C. 9 PEACH TREE HILL RD. LIVINGSTON, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIAO, T V 9 PEACH TREE HILL RD LIVINGSTON, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAI, JOHNNY 9 PEACH TREE HILL RD LIVINGSTON, NJ 07039	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500060582395 10/13/05--01054--018 **750.00 </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> REINSTATEMENT </div>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> 10/6/05 <small>Date</small> </div>			
<small>Daytime Phone #</small>					