

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F02000001914

1. Corporation Name

CAROLINA PROCESS PIPING, INC.

2. Principal Office Address - No P.O. Box #

105 FURLONG INDUSTRIAL DRIVE

Suite, Apt. #, etc.

City & State

KERNERSVILLE NC

Zip

27284

Country

USA

3. Mailing Office Address

105 FURLONG INDUSTRIAL DRIVE

Suite, Apt. #, etc.

City & State

KERNERSVILLE NC

Zip

27284

Country

USA

**7. Name and Address of Current Registered Agent**

Name

STEVEN A. HART

Street Address (P.O. Box Number is Not Acceptable)

222 LAKE TENNESSE DRIVE

Suite, Apt. #, Etc.

City

AUBRUNDALE

State

FL

Zip Code

33823

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.

Signature of  
Registered Agent

*Steve Hart*

REGISTERED AGENT MUST SIGN

Date

7/29/2008

**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
P	JAMES C. HARRISON JR.	186367 BLUE RIDGE PKWY	HILLSVILLE VA 24343
V	KIRK O. HARRISON	140 SERENITY POINTE DRIVE	KERNERSVILLE NC 27284
ST	SANDRA A. HARRISON	186367 BLUE RIDGE PKWY	HILLSVILLE VA 24343

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 contained in Chapter 119, 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:

*Kirk O. Harrison*  
KIRK O. HARRISON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/29/2008

Date

(336) 996-5509

Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200133865842  
08/01/08--01040--008 #41358.75

**REINSTATEMENT** 04-08  
CR2E081 (12/07)