PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

F04000002511

FILED
06 JUN 12 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NATIONAL Product SERVICES Acquisition

1. Corporation Name
~~AMECO SERVICES~~
2201 ROYAL LANE SUITE 230
IRVING, TX 75063

Fed. I.D
20-1023233

05-06

CR2E081 (12/05)

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — 20-1023233 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CAPITOL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 1333 NORTH DUVAL ST

Suite, Apt. #, Etc.

City: TALLAHASSEE | State: FL | Zip Code: 32303

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: Dilani Case, asst. sec. Date: 3-22-06

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| PRES, SECRETARY, DIRECTOR | JEFF COHEN | 2201 ROYAL LN #230 | IRVING, TX 75063 |
| TRES. | JOE BRANNM | 2201 ROYAL LN #230 | IRVING, TX 75063 |
| CFO | CRAIG MACKEY | 2201 ROYAL LN #230 | IRVING, TX 75063 |
| | | | |
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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: Craig Mackey CFO 3/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #