PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 JUN 26 AM 9:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F04000005491

1. Corporation Name

Lloyd Industries, Inc

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
231 Commerce Drive	231 Commerce Drive
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Montgomeryville PA	City & State: Montgomeryville PA
Zip: 18936 Country: Montgomery	Zip: 18936 Country: Montgomery

4. Date Incorporated or Qualified To Do Business in Florida: 1981

5. FEI Number: 23-2169618 ☐ 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: William Lloyd

Street Address (P.O. Box Number is Not Acceptable): 138 Industrial Loop West

Suite, Apt. #, Etc.:

City: Orange Park State: FL Zip Code: 32073

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: William P Lloyd Date: 6/22/2017
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
CP	William Lloyd	231 Commerce Drive	Montgomeryville PA 18936
		Reinstatement	11-17
			JUL 0 8 2017
			D CUSHING

10. E-mail Address: accounting@firedamper.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: William P Lloyd William P. Lloyd 6/22/2017 215-412-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #