2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# F06000003951

Entity Name: SANDVIK SMC DISTRIBUTION LIMITED, INC.

Current Principal Place of Business:

UNIT C4 NUTGROVE OFFICE PARK
RATHFARNHAM
DUBLIN 14 IRELAND, XX XX

New Principal Place of Business:

Current Mailing Address:

UNIT C4 NUTGROVE OFFICE PARK
RATHFARNHAM
DUBLIN 14 IRELAND, XX XX

New Mailing Address:

13500 NW COUNTY RD 235
ALACHUA, FL 32615 US

FEI Number: 98-0487175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: BARBARA BURKE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: MORIARTY, BRIAN
Address: 44 CHARLEVILLE SQUARE, BUTTERFIELD AVENUE
City-St-Zip: RATHFAMHAM, DUBLIN 14 IRELAN, XX XX

Title: D ( ) Delete
Name: HEALY, MARY
Address: TINODE, MANOR KILBRIDE
City-St-Zip: COUNTY WICKLOW, XX XX

Title: D ( ) Delete
Name: OLSSON, ANDERS
Address: BULLOCH HARBOUR, DALKEY
City-St-Zip: COUNTY DUBLIN, XX XX

Title: D ( ) Delete
Name: NILSSON, BERNTH
Address: LINNEVAGEN 10, SE-811
City-St-Zip: 34 SANDVIKEN, SWEDEN, XX XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LEVY VPST 01/18/2008

Electronic Signature of Signing Officer or Director Date