PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE FILED CORPORATION Secretary of State REINSTATEMENT 09 SEP 30 AM 8: 05 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # F06000007134 1. Corporation Name REINSTATEMENT 07-09 SHERMCO INDUSTRIES, INC 300161182233 09/30/09--01035--003 ***450.00 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 2425 E. PIONEER DRIVE PO BOX 540545 CR2E081 (12/08) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 11/15/2006 To Do Business in Florida City & State City & State **5.** FEI Number 751441394 Applied For IRVING, TX DALLAS, TX Not Applicable Country Country \$8.75 Additional Fee required 75354-0545 CERTIFICATE OF STATUS DESIRED 75061 USA USA for a Certificate of Status 7. Name and Address of Current Registered Agent ☑ The reinstatement fee is imposed, except in HENRY RILEY circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) 1114 WANDERING OAKS DRIVE the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code 32174 State ORMOND BEACH 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 Date 09-78-09 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip PETER A. SHERMAN 2425 E. PIONEER DRIVE **IRVING, TX 75061 RON WIDUP** 2425 E. PIONEER DRIVE **IRVING, TX 75061** THAD BROWN 2425 E. PIONEER DRIVE **IRVING, TX 75061** SCOTT MEADOR 2425 E. PIONEER DRIVE IRVING, TX 75061 LONNIE MULLEN 2425 E. PIONEER DRIVE **IRVING, TX 75061** 2425 E. PIONEER DRIVE **MURRAY BALL** IRVING, TX 75061 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/10/1

972-793-5523

Daytime Phone #

9/28/09