

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 29 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100050094011
04/07/05--01014--005 **1350.00

REINSTATEMENT 03-05

DOCUMENT # F93000002507

1. Corporation Name
Weld-On Adhesives, Inc.

2. Principal Office Address
17109 S. Main st

3. Mailing Office Address
17109 S. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gardena, CA

City & State
Gardena, CA

Zip
90248

Country
USA

Zip
90248

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 05/28/1993

5. FEI Number
-954354983

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

PARACORP INCORPORATED

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

236 EAST 6th AVENUE

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 *Denise Zollner* Denise Zollner, Assistant Secretary, Date 3/25/05
REGISTERED AGENT MUST SIGN Paracorp Incorporated

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
D	Patel, Naresh	17109 S. MAIN ST	GARDENA, CA 90248
CFO	CROSS, ROBERT L.	17109 S. MAIN ST	GARDENA, CA 90248
D	TYLER, WAT H	17109 S. MAIN ST	GARDENA, CA 90248
D	HUMBER, JEFF	202 INDUSTRIAL PARK LANE	COLLIERVILLE, TN 38017
P	MANNERINO, ERNIE	202 INDUSTRIAL PARK LANE	COLLIERVILLE, TN 38017
S	GORDIN, GARY	202 INDUSTRIAL PARK LANE	COLLIERVILLE, TN 38017

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 under section 119.07(3)(i), 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

Date

Daytime Phone #

3/24/2005 310.898.3300

CR2E081 (01/05)