PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State	FILED
HEINSTATEMENT	DIVISION OF CORPORATIONS	2008 FEB 25 AM 11: 27
DOCUMENT # F94600003047 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Hirsch Metals Corporation		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 2200 Nu Corporate Blvo	REINSTATEMENT
Suite, Apt. #, etc. #- 303	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 61094
BOCA KATON, FL	BOCA KATON, FL	5. FEI Number Applied For 382373824 Not Applicable
33431 USA	Zip Country '	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
<u> </u>	1 Current Registered Agent	_
Rorald J. Hirsch		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 2200 N.W. Corporate Blvo.		the prior notices. By checking this box, you
Suite, Apt. #, Etc. ## 3 0 3		are certifying the prior notices were not received and requesting the reinstatement
Boca RATON	State Zip Code	fee be waived.
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 Panel Date Z 2 108		
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 Eacl	City / State / Zin
PTD Ronald J. Huse		
		33431
		300118752233 02/25/0801053005 **308,75
		UZ/ZS/48U1053U85 **308.75
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 filling 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: 2/22/08 (56) 994-6440 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #		