PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 19 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200088308142
02/21/07--01030--013 **450.00

DOCUMENT # F94000003709

1. Corporation Name
American Composites Engineering, Inc

REINSTATEMENT OR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
20751 NE HWY 27	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Williston FL	City & State
Zip: 32696 County: USA	Zip: County:

4. Date Incorporated or Qualified To Do Business In Florida: 7/15/1994

5. FEI Number: 38-3184571 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd

Suite, Apt. #, Etc.

City: Plantation FL State: FL Zip Code: 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement 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: Anthony LiCausi — Anthony LiCausi, Vice President — Date: 2-14-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Andrew Y. Brown	659 Whitehorse Dr.	Greenville NC 27834
M	Mindy C. Pittman	1090 W. St James St	Tarboro NC 27886

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: Mindy C. Pittman — 2-14-07 — 252-641-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell FEB 19 2007