PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPROVED FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 MAY 28 PH 12: 42 DOCUMENT # 41000004157 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA N.B. HANDY COMPANY REINSTATEMEN Principal Place of Business Mailing Address 1022 E NEWPORT CTR. DR. POBOX 1125B LYNCH BURG, JA DEERFIELD BEACH, FL 33442 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida P.O.B.Ox 1125B 1022 E. NEWPORT CTR DR Suite. Apt. #. etc 8-10-94 Suite, Apt. #. etc. 5. FEI Number Applied For City & State 54-0238570 City & State Not Applicable DEERFIELD BCH, FL -VNCHBURG \$8.75. Additional Fee required CERTIFICATE OF STATUS DESIRED 33442 24506 tor a Certificate of Status 7. 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 (Do NOT Use Post Office Box Numbers) Title(s) 600002195556-03 ***1080.00 ***1080.00 MITCHELL W. REAUES 65 100 STI LYNCHBURG VAZUCY Gary P. HUTCHERSON 65 10th STREET YNCH BURG MARTH C 10th STREET BRUCE 65 10th STREET CHRISTIAN 65 10th STREET 65 STERNE 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent THOMAS C. KUSCHEL Street Address (P.O. Box Number is Not Acceptable) 10630 N.W. 4311 COURT Suite, Apt. #, Etc. 05/30/97--01103--004 CORAL SPRINGS, FL 33065 10 I, being appointed the registered agent of the above named corporation, n familiar with and accept the obligations of Section 607.0505, F.S. Signature of Agence Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 reinstalement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

(FLA - 2113 - 3/7/96)

SIGNATURE:

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Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable P.O.B.o. 1/258 Suite, Apt. #, etc. 1022 E. NEWPORT CTR DR 8-10-94 5. FEI Number Applied For City & State

DEERFIELD BCH, FL 54-0238570 Not Applicable YNCHBUR6 \$8.75. Additional Fee required 33442 for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) @0002 1 95 55 ---***1080.00 ***1080.00 MITCHELL W. REAUES 65 10th STI LYNCHBURG VAZUSCY Gary P. HUTCHERSON 65 10th STREET 24504 YNCH BURG 10th STREET 24504 BRUCE CHRISTIAN 10th STREET CHRISTIAN 65 10th STREET 10th STREET 65 STERNE 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent THOMAS C. KUSCHEL 10630 N.W. 439 COURT Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. -01103---004 CORAL SPRINGS, FL 33065 DZip Collaboration C. T. City 10 t, being appointed the registered agent of the above named corporation, in familiar with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agence 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) 12 if do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Floride Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

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