

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000004398		FILED 99 JAN 22 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ARROWHEAD INDUSTRIAL SERVICES, INC.			
Principal Place of Business PO BOX 1000 GRAHAM NC 27253		Mailing Address PO BOX 1000 GRAHAM NC 27253	
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 Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 08/26/1996	
		5. FEI Number 22-1757451	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PDC	VASSALLO, THOMAS F	18 COLONIAL WOODS DR.	WEST ORANGE NJ 07052
STD	VASSALLO, MARY L	18 COLONIAL WOODS DR.	WEST ORANGE NJ 07052
VDC	VASSALLO, JOHN P	3026 TRUITT DR.	BURLINGTON NC 27215
VP	HERBERT, REGINA	5912 CHESTNUT OAK DRIVE	MEHANE NC
			200002759312-6 -02/01/99-01002-001 ****750.00 ****750.00
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 200002759312-6 -02/01/99-01002-002 ****150.00 ****150.00 FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Connie Bryan</u> <b>CONNIE BRYAN</b> SPECIAL ASSISTANT SECRETARY Date <u>1-22-99</u>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <u>Regina E. Herbert</u> <b>REGINA E. HERBERT</b> 1-17-98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			