FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 OCT 29 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99-000085799

1. Corporation Name: Wetherill Rebuilders Supply, Inc

REINSTATEMENT 04

2. Principal Office Address	3. Mailing Office Address
1101 Enterprise Dr	1101 Enterprise Dr
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Royersford PA	City & State: Royersford PA
Zip: 19468 Country: USA	Zip: 19468 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/9/99

5. FEI Number: 23-3010653 ☐ 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: Rick King

Street Address (P.O. Box Number is Not Acceptable): 4210 LB McLeod Rd.

Suite, Apt. #, Etc.: Suite 113

City: Orlando State: FL Zip Code: 32811

100042322165
10/29/04--01087--002 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Rick King — REGISTERED AGENT MUST SIGN — Date: 10/20/04

C12000151 (01/04)

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
C	Marie Bottre	672 Elm St. Apt 107	Royersford PA 19468
P	Jeffery W. Sween	1160 Dunsinane Hill	Chester Springs PA 19425
V	Brian J. Sealey	7 Roxbury Dr.	Medford NJ 08055
M	Douglas G. Moul	19833 Blue Heron Ln	Hagerstown MD 21742

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: Jeffery W. Sween — 10/20/04 — (610)495-2200

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