
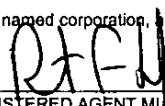
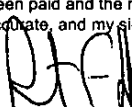


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 OCT -10 PM 1:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT #J17639 1. Corporation Name R.F. Lusa & Sons Sheetmetal Inc.			
2. Principal Office Address 1724 Fairbanks Street <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address P.O. Box 8068 <small>Suite, Apt. #, etc.</small>	
City & State Lakeland, Florida		City & State Lakeland, Florida	
Zip 33805	Country USA	Zip 33802	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 6-4-1986		5. FEI Number 59-268-4635	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name Robert F. Lusa			
Street Address (P.O. Box Number is Not Acceptable) 5607 Canvas Back Place			
Suite, Apt. #, Etc.			
City Lakeland		State FL	Zip Code 33805
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 		Date 10-7-05	
REGISTERED AGENT MUST SIGN			
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 Each Officer and/or Director	City / State / Zip
President	Joseph E. Lusa	1603 Sir Henry Trail	Lakeland, Florida 33809
Treasurer	Robert F. Lusa	5607 Canvasback Place	Lakeland, Florida 33805
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10-3-05	Daytime Phone # 863-682-0798