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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>	<b>FLORIDA DEPARTMENT OF STATE</b> Jim Smith Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE  <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <div style="font-weight: bold; margin: 5px 0;">98 JAN 23 PM 3:39</div>
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Head to Instructions on Other Side Before Making Entries

Make Check Payable To: *Department of State*

<b>1. Name and Mailing Address of Corporation:</b>  U.S. Cylinder Co. 8505 N.W. 74 Street Miami, FL 33166	<b>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA  City and State <span style="float: right;">Zip Code</span>  <b>REINSTATEMENT</b> <span style="float: right;">94 98</span> Address <span style="float: right;">City and State <span style="float: right;">Zip Code</span></span>
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> October 30, 1989	<b>5. FEI Number</b> 65-0184534	<b>FEI Number Applied For</b> FEI Number Not Applicable	<b>6. \$8.75 Additional Fee required for a Certificate of Status</b> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
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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
P/D	Evelio Acosta	7905 N.W. 164 Terrace	Miami, Florida 33166
			500002415355--8 --01/28/98--01108--032 ***1350.00 ***1350.00

REGISTERED AGENT INFORMATION	9. If changed, new registered agent / office
<b>8. Name and Address of Current Registered Agent</b>  Jeffrey S. Tanen, Esquire Goldstein & Tanen, P.A. One Biscayne Tower, Suite 3250 Two South Biscayne Boulevard Miami, Florida 33131	Name  Street Address (Do NOT Use P.O. Box Number)  Street Address (Do NOT Use P.O. Box Number)  City <span style="float: right;">State <span style="float: right;">Zip</span></span> <div style="text-align: right;">FL.</div>

**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 Date 1/21/98

REGISTERED AGENT MUST SIGN

**11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box** ☐ (See other side for additional information.)

**12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.** Yes ☐ No ☐ (See other side for information on intangible tax.)

**13. 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., 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 of Officer or Director Date 1/21/98 Daytime Phone # 597-0243

Typed or printed name of signing officer or director Evelio Acosta

CP2E040 (8/92)