PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE 1. Corporation Name HI-TECH MECHANICAL PRODUCTS, INCORPORATED 2. Principal Office Address LOU VESTILAKE CIR GIO VESTILAKE CIR GIO VESTILAKE CIR Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida To	920 98.75
INCORPORATED INCORPORATED 10005754541 -06/11/0201106 ****1508.75 ****15 2. Principal Office Address LOO LESTLAKE CIR CIO LESTLAKE CIR Suite, Apt. #, etc. Suite, Apt. #, etc. City & State LOUGWOOD FC Country 2D 20 27 27 28 139 Name PORTION SEED TO SEED T	920 98.75
2. Principal Office Address 2. Principal Office Address 4. Date Incorporated or Qualified To Do Business in Florida 7. Name and Address of Current Registered Agent 1. Name 2. Centry 32.750 2. Street Address (P.O. Box Number is Not Acceptable) 2. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 1. O. SKAGG 5 3. Mailing Office Address (P.O. Box Number is Not Acceptable) 2. Country 3. FEI Number 59-732.8 139 3. Mailing Office Address of Current Registered Agent 4. Date Incorporated or Qualified To Do Business in Florida 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 1. O. SKAGG 5 3. Mailing Office Address (P.O. Box Number is Not Acceptable) 2. Country 59-732.8 139 7. Name and Address of Current Registered Agent 1. O. SKAGG 5 3. Mailing Office Address (P.O. Box Number is Not Acceptable) 2. City A State 2	920 98.75
Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida O - 08 - 970 O O O O O O O	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida	_
City & State LOUG-WOOD FC LOUGH WOOD FC SET I Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED FOR Additional Fee in a Certificate of STATUS DESIRED FOR ADDITIONAL FEE IN Additional Fee in a Certificate of STATUS DESIRED FOR ADDITIONAL FEE IN ADDITIONAL	
City & State LONG-WOOD FC Sip - 732 8139 Registered Agent State STEINumber 5. FEI Number 59 - 732 8139 Registered Agent Not Applied FO - 80. FEI Number FO - 80. FEI Number FO - 80. FEI Number Solution Applied Registered Agent The state of State For Address of Current Registered Agent 1010 15 7 5 4 5 4 1 - 06/11/02 - 01103 - 1 - 06/11/02 - 01103 - 1 Suite, Apt. #, Etc. Registered Agent Registered Agent Registered Agent Titles Name of Officers and/or Directors Street Address of Each Officers and/or Director City / State / Zip	
Signature of Registered Agent Country Signature of Registered Agent City City Signature of Registered Agent City	
Serial Seria	
Name CICHARD O. SKAGGS Street Address (P.O. Box Number is Not Acceptable) QIO WESTLAKE CIA Suite, Apt. #, Etc. ******43.75 *** City City State City State City State City Registered Agent City Registered Agent Registered Agent Name of Officers and/or Directors Name of Officers and/or Directors Street Address of Each Officers and/or Directors City / State / Zip	quirec atus
Street Address (P.O. Sox Number is Not Acceptable) Q10 WESTLDKE C12 Suite, Apt. #, Etc. ******43. 75 **** City City City Registered Agent Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Street Address of Each Officer and/or Director City / State / Zip	
Suite, Apt. #, Etc. State Zip Code FL 32750 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 Z.O. Successful Zip Code FL 32750 8. 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	
Suite, Apt. #, Etc. ******43. 75	9 121
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 C.O. Shape 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 Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations of Each Officer and/or Director Officer and/or Director City / State / Zip	
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 5.17.2002 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 Officers and/or Directors Officer and/or Director City / State / Zip	
Registered Agent 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	(10/6)
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip	CR2E081
Officers and/or Directors Officer and/or Director City / State / Zip	\dashv
P/S RICHORD O. SKOGGO 610 WESTLAKE CIR Longwood FL 327	
· · · · · · · · · · · · · · · · · ·	50
1350:00-Adm	Į
61,25 - AR	
88.75-ARSUPP 100 10 10 10	
8.75-Cert	
43.75-Adm	-
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 fill 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 fecowed 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 SANTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Daytime Phone #	