


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L42038 1. Corporation Name HI-TECH MECHANICAL PRODUCTS, INCORPORATED			
2. Principal Office Address 610 WESTLAKE CIR Suite, Apt. #, etc.		3. Mailing Office Address 610 WESTLAKE CIR Suite, Apt. #, etc.	
City & State LONGWOOD FL		City & State LONGWOOD FL	
Zip 32750	Country Sen	Zip 32750	Country Sen

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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4. Date Incorporated or Qualified To Do Business in Florida 01-08-1990	
5. FEI Number 59-2328139	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name RICHARD O. SKAGGS		
Street Address (P.O. Box Number is Not Acceptable) 610 WESTLAKE CIR		
Suite, Apt. #, Etc.		
City LONGWOOD	State FL	Zip Code 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 R.O. Skaggs	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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	RICHARD O. SKAGGS	610 WESTLAKE CIR	Longwood FL 32750
	1350.00 - Adm		
	61.25 - AR		
	88.75 - ARSUPP		
	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 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: R.O. SKAGGS	Date 5.17-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 407-332-8448	

CR2E081 (9/01)