PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 JAN -5 PM 1: 26 (7)L78262 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA METALS AND PLASTICS, INC. Principal Place of Business Mailing Address 1987 Corporate Sq Longwood, F1. 32750 P.O. Box 951832 Lake Mary, F1. 32795 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 06/01/1990 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number. Applied For 59-3016763 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip PSD Langston, Carol 1168 Brampton Pl Heathrow, Fl D Langston, Carol 1168 Brampton Pl Heathrow, F1 D Brenda Snipes Rt. 1 Box 1485A Maysville, Ga. 700002393277---8 -01/07/93--01104--019 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Langston, Carol Street Address (P.O. Box Number is Not Acceptable) 1168 Brampton Pl Heathrow, Fl. 32746 Suite, Apt. #, Etc. City State | Zip Code 10. I, being appointed provegistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent cual Ormiston 12-30-97 REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) No l**Y** Yesl 12. 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 reinstalement 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.

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Carol Langston

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SPANING OFFICER OR DIRECTOR