PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 FEB 15 PM 12: 44
DOCUMENT # M39726 1. Corpc ration Name Coilbert'S TRONWORK, INC		ECMETARY OF STAL FALLAHASSEE, FLORIDA
2. Principal Office Address 8839 NW 117 ST Suite, Apt. #, etc.	3. Mailing Office Address \$139 ww//7 51 Suite, Apt. #, etc.	
	A	4. Date Incorporated or Qualified To Do Business in Florida 10-8-1986
City & State HIALEAS GARDEN, FL	City & State HIALEAL GARDEN Fl	5. FEI Number A; plied For Not Applicable
330/8 Country	33018 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Hialeah State Zip Code 3330/8		
Signature of 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 Director	Street Address of Eac	h Chul State / 7 in
PD JAVREAUD 9 ROS	INGUEZ 3166 W 681	PliAl-Al F/33018
D CLAUDINACRA	Inibuer 3166 W 681 Laver 3166 W 68	PL Avalent 1/33018
		800047346978 02/28/0501004024 **1350.00
		OE/ CD
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		
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