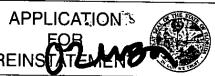
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

DIVISION OF CORPORATIONS

P00000012817 DOCUMENT

1. Corporation Name

ENGINEERED SPECIALTY PRODUCTS OF SWFL, INC.

Principal Place of Business

Mailing Address

860-A SE 46TH LANE CAPE CORAL FL 33904-8818 860-A SE 46TH LANE CAPE CORAL FL 33904-8818 FILED

02 OCT 28 AM 9: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above	addresses are	incorrect in any way, line t	hrough incorrect	information and	d enter correction below.	1			
New Principal Office Address, If Applicable 3.				New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida O2/02/2000		
			' '	Suite, Apt. #, etc.					
City & State			City & State			5. FEI Numbe	59-3622206 Applied For Not Applicable		
Zip Country Zip			Zip	Zip Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must list at I	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	MATEY, JAMES G			1449 ARGYLE DRIVE		FORT MYERS FL 33919			
VD	AVALOS, PEDRO A			225 NW 4TH TERRACE			CAPE CORAL FL 33993		
STD	GARCIA, JOSE N			506 SE 23RD TERRACE			CAPE CORAL FL 33990		
				7	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	70 10/28/	00085274 0201088020	**150.00	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name			
MATEY, JAMES G 860-A SE 46TH LANE CAPE CORAL FL 33904-8818					Street Address	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
Signature of		\cap			illiar with and accept the		on 607.0505, F.S. or 617.050		
Registered /	-your		EG/STERED AGI	ENT MUST SI	GN	- 	Cate		
11. I certify t	that I am an of	ficer or director or the rece	iver or trustee em	powered to ex	ecute this application as	provided for in cha	pter 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.



OCTOBER 23, 2002

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

APPLICATION FOR REINSTATEMENT DOCUMENT #P00000012817 - FEI #59-3622206

GENTLEMEN:

THIS IS TO ADVISE YOU THAT WE HAVE NEVER RECEIVED THE PRIOR UBR NOTICES TO FILE OUR 2002 ANNUAL REPORT.

ENCLOSED HEREWITH IS OUR COMPLETED AND SIGNED APPLICATION FOR REINSTATEMENT FORM, ALONG WITH OUR CHECK #1056 IN THE AMOUNT OF \$150.00, DATED TODAY.

THANK YOU.

SINCERELY,

ENGINEERED SPECIALTY PRODUCTS, INC.

JAMES G. MATEY PRESIDENT

/mm encs.