

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000032628			
1. Corporation Name PIPE PLUG U.S.A., INC.			
Principal Place of Business 5325 ASTON COURT SARASOTA FL 34233		Mailing Address 5325 ASTON COURT SARASOTA FL 34233	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 03/27/2000		5. FEI Number 65-0992672	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Kevin M. Larkin	5325 Ashton Ct.	Sarasota, FL 34233
V	Joe Barnett	5325 Ashton Ct.	Sarasota, FL 34233
8. Name and Address of Current Registered Agent VOIGHT, STEPHEN F 2414 BEE RIDGE ROAD SARASOTA FL 34239		9. Name and Address of New Registered Agent Name Luke M. Larkin Street Address (P.O. Box Number is Not Acceptable) 4510 Kipling Cir Suite, Apt. #, Etc. City Sarasota State FL Zip Code 34241	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent REGISTERED AGENT MUST SIGN		Date 10/15/01	
11. 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)(l), 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: Kevin M. Larkin		10/15/01 (941) 926-0200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CR2E040 (8/01)

October 15, 2001

To Whom It May Concern:

Please accept our \$150.00 filing fee and our application for reinstatement, as we did not receive notice of the 2001 Uniform Business Report by May 1, 2001. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading "Kevin M. Larkin".

Kevin M. Larkin
President
Pipe Plug USA, Inc.