

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION

FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 18 AM 9:58

DOCUMENT # P00000032628

1. Corporation Name

PIPE PLUG U.S.A., INC.

Principal Place of Business

Mailing Address

5325 ASTON COURT  
SARASOTA FL 34233

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

4. Date Incorporated or Qualified To Do Business in Florida

03/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0992672

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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

000004657890--2  
-10/29/01--01091--003  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VOIGHT, STEPHEN F  
2414 BEE RIDGE ROAD  
SARASOTA FL 34239

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

*Luke M. Larkin* 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* Kevin M. Larkin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01  
Date

(941) 926-0200  
Daytime Phone #

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,

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Kevin M. Larkin  
President  
Pipe Plug USA, Inc.

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