


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 80000052417			
1. Corporation Name MILD TO WILD CUSTOM FABRICATION, INC.			
2. Principal Office Address 2487 COUNTY ROAD 220 Suite, Apt. #, etc. SUITE 101 City & State MIDDLEBURG, FL Zip 32068 Country U.S.		3. Mailing Office Address Suite, Apt. #, etc. City & State City & State Zip Country	

REINSTATEMENT

03-04

4. Date Incorporated or Qualified To Do Business in Florida 5-11-81 2000	Applied For Not Applicable
5. FEI Number 59-3651308	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ADRIAN L. BLUMHAGEN	
Street Address (P.O. Box Number is Not Acceptable) 2487 COUNTY ROAD 220	
Suite, Apt. #, Etc. SUITE 101	
City MIDDLEBURG	State FL Zip Code 32068

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date 30 APRIL 2004

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ADRIAN L. BLUMHAGEN	2487 COUNTY ROAD 220 SUITE 101	MIDDLEBURG, FL 32068

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

30 APRIL 2004 9042780099

Date

Daytime Phone #

CR2E081 (9/01)

2 of 2

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

April 28, 2004

Jim Smith,

Enclosed is my completed Corporation Reinstatement application for Mild to Wild Custom Fabrication, Inc document number P00000052417. We request that you waive the additional fees for reinstatement because we did not receive our annual report form for the year 2003 or 2004. Enclosed is a check for \$300.00 which represents the Uniform Business Report fee for 2003 and 2004. Your assistance in this matter is greatly appreciated.

Sincerely,

Adrian Blumhagen