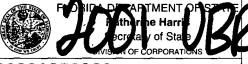
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Kyc

APPLICATION
FOR
REINSTÄTEMEN



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P0000052820

1. Corporation Name

LARUE FASTENING SYSTEMS, INC.

Principal	Place of	Business

Mailing Address

2781 LANTANA LAKES DR EAST JACKSONVILLE FL 32248 -2781 LANTANA LAKES DR EAST JACKSONVILLE FL 32246

If above addresses are incorrect in any way, lin	e through incorrect infor	mation and ente	er correction below.				
2. New Principal Office Address, If Applicable 10210 LONE STAR RD. 3. New Mailing Office Address, If Applicable 10210 LONE STAR RD.		Date Incorporated or Qualified To Do Business in Florida 05/22/2000					
Suite, Apt. #, etc. Suite, Apt. #, etc		etc.		5. FEI Number			Applied For
City & State	City & State			59-3648728			Not Applicable
JACKSONVILLE, FL	FL	6.		20.7			
Zip Country US	Zip 32225	Coun	utry U.S	CERTIFICATE	OF STATUS DESIRE		5 Additional Fee required r a Certificate of Status
7. Names and Street Addresses of Each Officer	and/or Director (Florida	nonprofit corpo	rations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors			itreet Address of Each Officer and/or Director		4	City / Sta	te / Zip
SECRATARY ARMAND ANCRYA.	N	il			JAX,	FL	32246
VICE TYRELL RICHARD		11 ZONE	STAR		JAX,	FL :	3555
				- E1		0101	718-3-3 008018 ****158.75
							LS
8. Name and Address of Curr	rent Registered Agent			9. Name and A	Address of New Ro	egistered A	
		PERKIN					
Street Address (P.O. Box				D. Box Number is Not Acceptable)			
JACKSONVILLE FL 32246 JOSIO LONE STAR RD Suite, Apt. #, Etc.							
			City	ONVILLE		State	35552 Zib Code.
10. I, being appointed the registered agent of the	above named corporati	on, am familiar	with and accept the o	bligations of Secti	on 607.0505, F.S.		

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 filling 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

ÆEGISTERED AGENT MUST SIGN

11/11/01 (904) **5**09 - 1565

Date Daytime Phone #

To whom it may concern,

.-- 2082

This letter is in regards to my Peinstatment application for my business, La Rue's Fastening systems, Inc. Early March of 2001 I sent a money order in the amount of \$150.00. I did not get any type of response or confirmation, nowever, I assumed the process was taken care of . I recently got married, and bought a new home, charging my address twice, which could have been my reason for no response. Finally, I got a 'Certificate of Administrative Disclosure or Revocation'. With this, I called to explain that I had sent in the money order, etc. etc.

The representative I spoke with advised me to just resend my previous payment, along with a letter of explanation, and they would handle my situation.

Therefore, enclosed is a check for my payment. Please respond to confirm that all action is handled at my below, permanent, address.

Sincertay,

Larues Fastening Systems, Inc. 10 Larue S. Perkins 10210 Lone Star Rd. Tacksonville, Fl. 32225 La Rue Perkins (President)

Daytime # (904)509.1505 Evening # (904)722-3303