

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 24 PM 4: 15

DOCUMENT # P0000073616

1. Corporation Name

WARBRO EQUIPMENT, ACCESS AND CONTROLS INC.

Principal Place of Business

Mailing Address

1565 SUNSET VIEW CIR.
APOPKA FL 32703

1565 SUNSET VIEW CIR.
APOPKA FL 32703



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 | |
| Suite, Apt. #, etc. <i>0218 PELIMON ST</i> | | Suite, Apt. #, etc. | | 07/31/2000 | |
| City & State <i>Apopka, FL</i> | | City & State | | 5. FEI Number | |
| Zip <i>32703</i> | | Country <i>US</i> | | 59-3665628 | |
| | | | | 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 | SCARBOROUGH, JOHN W JR | 1565 SUNSET VIEW CIR | APOPKA FL 32703 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 03-04

500037438095
06/01/04--01026--001 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCARBOROUGH, JOHN W JR.
1565 SUNSET VIEW CIR.
APOPKA FL 32703

| | |
|--|-----------------------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, Etc. | |
| City | State FL Zip Code |

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *5/25/04*

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

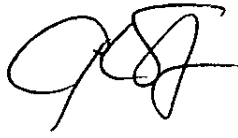
Date *5/25/04* Daytime Phone *[Signature]*

CR2E040 (7/03)

AS OF 2003 MAY 10TH I JOHN SCARBOROUGH
WAS HIRED BY A CUSTOMER OF MINK, DUE TO
FINANCIAL DIFFICULTIES I ACCEPTED. MY CORPORATION
WAS DISSOLVED AS OF SEPTEMBER. I WAS CALLED OFF
IN DECEMBER 2003 AFTER CHRISTMAS. SINCE THEN
I HAVE BEEN GETTING EVERYTHING TOGETHER TO
RENEW MY CORPORATION I WOULD LIKE TO
PLEASE HAVE SOME OF THE MONEY WAIVED FOR
RENEWAL. IF POSSIBLE.

5/25/04

DID NOT RECEIVE 1ST OR
SECOND NOTICE FOR 2003.



PELINION