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
03 NOV -6 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106710

1. Corporation Name

AIA FASTENERS, INC.

wrong address

Principal Place of Business	Mailing Address
528 NORTH LAKEWOOD RUN DRIVE PONTE VEDRA BEACH FL 32082 US	P O BOX 1031 (1031) PONTE VEDRA BEACH FL 32004-1031 US

REINSTATEMENT 03

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
SAME AS ABOVE	P.O. BOX 1081
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ponte Vedra Beach, FL.
Zip / Country	Zip: 32004-1081 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/2000

5. FEI Number: 59-3681059 ☐ Applied For ☐ Not Applicable

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
D	WARD, LARRY M	~~708 LAKE STONE CIR.~~ 528 N. LAKEWOOD RUN DR.	PONTE VEDRA BEACH FL 32082

200024475382
11/06/03--01015--018 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WARD, LARRY M 528 NORTH LAKEWOOD RUN DRIVE PONTE VEDRA BEACH FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: Larry M Ward — Date: 11-4-03
REGISTERED AGENT MUST SIGN

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 Larry M Ward / Larry M Ward — 11/4/03 — (904) 703-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Larry M. Ward

SIR OR MAAM

These forms HAVE BEEN MAILED TO THE WRONG P.O. BOX. My P.O. BOX IS (1081) THE FORMS HAVE BEEN MAILED TO (1021) AS YOU CAN SEE ON THE FORM I AM RETURNING. ONLY BECAUSE THE POST MASTER KNEW THE NAME OF MY COMPANY DID I GET THIS FORM YESTERDAY

PLEASE FIND INCLOSED MY CHECK FOR $150.00

THANK YOU,

Larry M. Ward

Larry M. Ward

P.O. Box 1081 Ponte Vedra Beach, Florida 32004-1081
904-280-0387