
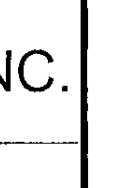


S FORM. **FILED**
2013 DEC 31 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000003046 1. Corporation Name <h2 style="margin: 10px 0;">PRO-LOOK PRODUCTS, INC.</h2>			
2. Principal Office Address - No P.O. Box # 70 Woodside Drive <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address 70 Woodside Drive <small>Suite, Apt. #, etc.</small>		
City & State Lakeland, FL	City & State Lakeland, FL		
Zip Country 33813 USA	Zip Country 33813 USA		
4. Date Incorporated or Qualified To Do Business in Florida 01/04/2001		5. FEI Number 59-3694494	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> No		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name Allan M. Nye Street Address (P.O. Box Number Is Not Acceptable) 70 Woodside Drive Suite, Apt. #, Etc. City State Zip Code Lakeland FL 33813			
8. I, being appointed 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 _____ Date 12/30/2013 <div style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></div>			
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	Allan M. Nye	70 Woodside Drive	Lakeland, FL 33813
			S. HAWKES DEC 31 2013 EXAMINER
REINSTATEMENT 2002 - 2013			
10. E-mail Address: allan@interstatechem.com <small>(To be used for future annual report notification)</small>			
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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.165, F.S.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 12/31/13 <small>Daytime Phone #</small>



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 945229 81514A

AUTHORIZATION :

COST LIMIT : \$ 2400.00

ORDER DATE : December 30, 2013

ORDER TIME : 9:47 AM

ORDER NO. : 945229-015 **PLEASE FILE 1ST**
MERGER FILING IS FILE 2ND**

CUSTOMER NO: 81514A

DOMESTIC FILINGS

NAME: PRO-LOOK PRODUCTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT - Ext# 52956

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
13 DEC 31 AM 10:58