PLEASE READ ALL INSTRUCTIONS BEFORE CO...

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -6 AM 9:53

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000047157

1. Corporation Name

Priority One Metal Works, Inc.

2. Principal Office Address		3. Mailing Office Address	
1416 Rupp Lane		1416 Rupp Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lake Worth		City & State: Lake Worth	
Zip: 33460	Country: Palm Beach	Zip: 33460	Country: Palm Beach

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 5-11-01

5. FEI Number: 65-0297053 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Clyde England

Street Address (P.O. Box Number is Not Acceptable): 1416 Rupp Lane

REINSTATEMENT 02-06

Suite, Apt. #, Etc.:

City: Lake Worth | State: FL | Zip Code: 33460

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: [signature] Date: 5-30-06

REGISTERED AGENT MUST SIGN

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
Pres	Clyde England	1416 Rupp Lane	Lake Worth Fl 33460

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06/07/06--01024--019 **135.00

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 contained in Chapter 119, 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] 5-30-05 561-5330503

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Williams JUN - 6 2006