PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000054919

1. Corporation Name

VENEQUIP, INC.

DEPARTMENT 02-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
Highway 87 North	P.O. Box 446
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nixon, Texas	City & State: Nixon, Texas
Zip: 78140 Country: USA	Zip: 78140 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: March 20, 2001

5. FEI Number: 010588167 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $6.75 (Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: George William

Street Address (P.O. Box Number is Not Acceptable): c/o Kilpatrick Law Firm

Suite, Apt. #, Etc.: 2132 NE 26th Street

City: Wilton Manor State: FL Zip Code: 33305

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] REGISTERED AGENT MUST SIGN Date: July 5, 2006

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
P/D	George William	Highway 87 North	Nixon, Texas 78140

$000782136O5
06/01/06--01029--011 **250.75

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] George William July 5, 2006 830-582-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Venequip, Inc.
P.O. Box 446
Nixon, Texas 78140
July 7, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

Gentlemen:

Please find enclosed our application for corporate reinstatement. We did not receive the (2002) previous annual report notices or the notification of dissolution/revocation that was sent by your office. Therefore we have enclosed our payment of $750.00 for reinstatement and $8.75 for a certificate of status. Please send the certificate and all future correspondence to our address as indicated above.

Very truly yours,

For
George William
President