PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 14 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056917

REINSTATEMENT 02-04

1. Corporation Name

NATCO INC

2. Principal Office Address	3. Mailing Office Address
2813 Longview D	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: FL
Zip: 33761 Country: Pinellas USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3721739 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Timothy Ambrgy

Street Address (P.O. Box Number is Not Acceptable): 2813 Longview Dr.

300043610093
12/23/04--01028--002 **450.00

Suite, Apt. #, Etc.

City: Clearwater | State: FL | Zip Code: 33761

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: Timothy Ambrgy — Date: Dec 14, 2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Timothy Ambrgy	2813 Longview Dr	Clearwater FL 33761
Treasurer	Janice Ambrgy	2813 LongviewDr	Clear water FL 33761
Sec	ERICA Ambrgy	2813 Longview Dr	clear water FL 33761

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 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: Timothy Ambrgy — Dec 12, 2004 — 727-796-4438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Timothy Amburgy
2813 Longview Drive
Clearwater, Florida 33761
Cell 727-515-6613
Fax 603-676-2565
E-mail daekong@hotmail.com

NATCO, Inc.

Florida State Corporation Department

To whom it may concern,

I did not receive notice that my annual renewal was due. There fore my corporation lapsed. Please remove the $600 penalty fee for reinstatemant.

Thank You.

Timothy Amburgy
NATCO, Inc.

Timothy Amburgy