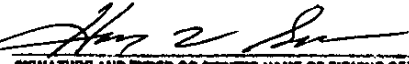


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUN 16 PM 12:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # PD2000023655					
1. Corporation Name Scharboneau Motor Products, Inc.					
2. Principal Office Address 3036 Bravo Ct.		3. Mailing Office Address 3036 Bravo Ct.		4. Date Incorporated or Qualified To Do Business in Florida 03/04/2002 5. FEI Number 01-0630959 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ See 65 Statutes, Chapter 607, F.S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orange Park, Fl.		City & State Orange Park, Fl.			
Zip 32065	Country USA	Zip 32065	Country USA		
7. Name and Address of Current Registered Agent					
Name Simon D. Rothstein, Esquire					
Street Address (P.O. Box Number is Not Acceptable) 4417 Beach Boulevard					
Suite, Apt. #, Etc. Suite 104					
City Jacksonville				State FL	Zip Code 32207
8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.					
Signature of Registered Agent				Date June 5, 2005	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
DPST	Harry L. Scharboneau	3036 Bravo Ct.	Orange Park, Fl. 32065		
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)(b), 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				Date June 2, 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 904-272-6773	

CROSSER (01/05)