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

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06/16/05--01019--003 **1050.00

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DOCUMENT # P02000023655

1. Corporation Name
Scharboneau Motor Products, Inc.

2. Principal Office Address	3. Mailing Office Address
3036 Bravo Ct.	3036 Bravo Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park, Fl.	City & State: Orange Park, Fl.
Zip 32065 Country USA	Zip 32065 Country USA

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 ☐ $8.75 Affixed and Fee Paid to Secretary of State

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: June 15, 2005
REGISTERED AGENT MUST SIGN

CR2E031(01/05)

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
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)(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: _____ ✓ June, 2005 904-272-6773 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #