PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 17 PM 3:38

DOCUMENT # P03000001280

1. Corporation Name

RATFACE REBAR INC

2. Principal Office Address	3. Mailing Office Address
391 SW UNDALLO RD.	391 SW UNDALLO RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE FL	City & State: PORT ST. LUCIE FL
Zip: 34953 Country: USA	Zip: 34953 Country: USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 1/6/2003

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JUSTIN RUGNETTA

Street Address (P.O. Box Number is Not Acceptable): 391 SW UNDALLO RD.

REINSTATEMENT 04-06

Suite, Apt. #, Etc.

City: PORT ST. LUCIE State: FL Zip Code: 34953

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: Justin Rugnetta Date: 3/15/06

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	JUSTIN RUGNETTA	391 SW UNDALLO RD	PORT ST. LUCIE FL 34953
SEC	JUSTIN RUGNETTA	391 SW UNDALLO RD	PORT ST. LUCIE FL 34953
DIR	JUSTIN RUGNETTA	391 SW UNDALLO RD	PORT ST. LUCIE FL 34953
			700069063937 03/20/06--01062--006 **1050.00

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: Justin Rugnetta 3/15/06

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

M. Williams MAR 17 2006

TOTAL P.02