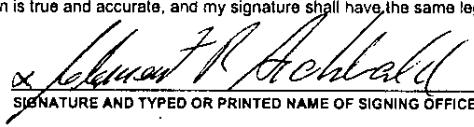


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P03000046602</b>			
<b>1. Corporation Name</b> <b>FIBERGLASS &amp; GELCOAT, INC</b>			
<b>2. Principal Office Address - No P.O. Box #</b> <b>1535 SW 44TH TERR</b>		<b>3. Mailing Office Address</b> <b>1535 SW 44TH TERR</b>	
Suite, Apt. #, etc. <b>SUITE # 1</b>		Suite, Apt. #, etc. <b>STE 1</b>	
City & State <b>FORT LAUDERDALE, FL</b>		City & State <b>FORT LAUDERDALE, FL</b>	
Zip <b>33317</b>	Country <b>USA</b>	Zip <b>33317</b>	Country <b>USA</b>
<b>7. Name and Address of Current Registered Agent</b>			
Name <b>CLEMENT ARCHIBALD</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1535 SW 44TH TERR</b>			
Suite, Apt. #, Etc. <b>STE 1</b>			
City <b>FORT LAUDERDALE</b>		State <b>FL</b>	Zip Code <b>33317</b>
<b>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.</b>			
Signature of Registered Agent 		Date <b>AUGUST 24TH, 2009</b>	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	CLEMENT ARCHIBALD	1535 SW 44TH TERR	FORT LAUDERDALE FL 33317
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>08/24/2009</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400160032834  
08/27/09--01047-017 \*\*600.00

CR2E081 (12/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number  
36-4529699**

Applied For  
 Not Applicable

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

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT  
08-09  
CAB