

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

2005 JUL -8 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00005733850  
07/12/05--01018--008 \*\*300.00

DOCUMENT # P04707

1. Corporation Name

BRIGGS PLUMBING PRODUCTS, INC.

2. Principal Office Address		3. Mailing Office Address	
300 EAGLE RD.		PO BOX 71077	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
GOOSE CREEK, SC		CHARLESTON, SC	
Zip	Country	Zip	Country
29445		29415	

REINSTATEMENT

03-05

4. Date Incorporated or Qualified To Do Business in Florida		1-21-1985
5. FEI Number	Applied For	
38-2567751	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
Suite, Apt. #, Etc.	
City	State Zip Code
TALLAHASSEE	FL 32301

00005733850  
07/12/05--01018--009 \*\*150.00

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



Jeanine Reynolds  
as its agent

Date

7-7-05

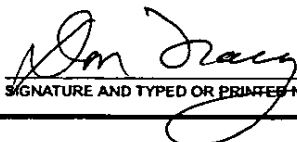
REGISTERED AGENT MUST SIGN

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
P/D	JORGE MERUANE	300 EAGLE RD.	GOOSE CREEK, SC 29445
T/S	DON TRACY	300 EAGLE RD.	GOOSE CREEK, SC 29445

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

31-May-05 843-569-7887

Daytime Phone #

7/8 00