


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>POS0000</u> 1. Corporation Name <p style="text-align: center;">Reynolds Fasteners, Inc. <u>W0910000 11/90</u></p>			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 5120 B East Adamo Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 120 Clover Place Suite, Apt. #, etc.	
City & State Tampa FL		City & State Edison NJ	
Zip 33619	Country	Zip 08837	Country
		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 11-2724290	
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
CEO	R. Sahi	945 Wilson Ave	Toronto, Canada M3K-1E8
Secy	E. Hretzay	945 Wilson Ave	Toronto, Canada M3K-1E8
Pres.	D. Haggerty	120 Clover Place	Edison, NJ 08837
			800002955368-4 08/10/99-01028-009 ***1200.00 ***1200.00 <u>SB 8/6</u>
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Kathryn Plott Street Address (P.O. Box Number is Not Acceptable) 5120 B East Adamo Rd Suite, Apt. #, Etc. City Tampa	
		State FL	
		Zip Code 33619	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Kathryn W. Plott</u> Date <u>6/28/99</u> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/21/99 732-225-2511 Date Daytime Phone #	

CR2040 (1/98)