2008 FOR PROFIT CORPORATION REINSTATEMENT

| REINSTATEMENT | | | | | | | | | |
|--|--|---|-----------------|-------------------------------|--------------------------------------|--|-------------------|-------------------------------------|--|
| DOCUMENT # P06000022885 1. Entity Name TAT TECHNOLOGIES INC. | | | | | | FILED 08 DEC 30 PM 2: 39 | | | |
| Pri. cipat Plac | | | | 1 | | | | | |
| 2805 EAST OAKLAND PARK BLVD SUITE 405 2805 EAST OAKLAND PA FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 3 | | | | | | SECHLIARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | Mailing Address | | | | | | |
| Suite, Apt. | #, elc. | Suite, Apt. #, etc. | | | | 12042008 REIN-P | | CR2E098 (1/07) | |
| City & State | | City & State | | | 4. FEI Nur 20-4 | | | Applied For Not Applicable | |
| Zip | Country | Zip | Cour | Country | | | of Status Desired | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 6. Name and Address of New Registered Agent | | | | | | | | tegistered Agent | |
| CORPORATION SERVICE COMPANY | | | | | Eric Fleeburg | | | | |
| 1201 HAY | | Street Address (P.O. Box Number is Not Acceptable) 2150 E. OALLANA PK BLVd. | | | | | | | |
| | | City Ft. Londerdale FL Zin Code 33 306 | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| SIGNATURE Signature, typed or properties of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | | | | | | in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | • | | | FICERS AND DIRECTORS IN 11 | |
| TITLE | D Delete | | | £ | Director Change Addition | | | Change Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | CAMPITELLI, THOMAS J 2805 EAST OAKLAND PARK BLVD SUITE 405 FORT LAUDERDALE, FL 33306 | | | AE Eet address Y-St-Zip | ET ADDRESS 2750 E. OAKLAND PK. BLVD. | | | | |
| 11ILE | | ☐ Delete | TOTAL | .E | -/-1 | LANGERA | Mary . | Change Addition | |
| NAME | | | NAN | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITL | £ . | | i | 30013: | 3334776650 Addition 008004 **150.00 | |
| NAME | | | NAM | | | 12. | /30/0801 | BO8004 **150.00 | |
| STREET ADDRESS CITY-ST-ZIP | | | | EET ADORESS (- ST - ZIP | | | | | |
| 1ITLE | | ☐ Delete | THE | | D | FIN | TATS | EMEC Addition | |
| NAME STREET ADDRESS | | | NAM STRI | AE EET ADDRESS | 7, | TT-TT 4 | ₩ ¥¥ ¥¥. | ~ | |
| CITY-ST-ZIP | | | · | r-SI-ZIP | | | | \mathcal{M} | |
| TITLE | | ☐ Delete | TITL | | | | | Change Addition | |
| NAME STREET ADDRESS | | | NAM STRI | AE Eet address | | | | /W /h | |
| CITY-ST-ZIP | | | | r-ST-ZIP | | | | /W/1V | |
| TITLE | | ☐ Delete | TITE | £ | | | | Charge Addition | |
| NAME | | | NAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | EET ADDRESS 7-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | |