PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Corretory of State		08 NOV 2 5 All 9: 02		
DOCUMENT # P060000 32299 1. Corporation Name Integrated Equipment Solution Products. Inc.			TELAFASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 3810 N. 404L STREE Suite, Apt. #, etc. 3. Mailing Of 4430 Suite, Apt. #, etc.) Merrick Runlane		900138255089 11/25/0801033010 **308.75 CR2E081 (10/08)	
City & State TAMPA, FI. Zip Country 3360 USA	City & State VA/CiCO, F Zip 33596	Country USA	To Do Busine 5. FEI Number 20 - 46	ess in Florida 03 03 Z006 Applied For	
Name Name Donald E French Ja Street Address (P.O. Box Number is Not Acceptable) 4430 Merrick Run Lane Suite, Apt. #, Etc. City AIRico To State Zip Code FL 33596			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.		
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. Signature of Registered Agent Date 11/24				n 607.0505 or 617.0503, F.S. Date	
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	3	Street Address of Each Officer and/or Director		City / State / Zip	
P Robin R French		4430 MerrickRunta		Vali. 60 F1 3359C	
D Donald & French I		4430 Merica Rulane		Valčico Fi 3359 L	
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: BIGNATURE AND TYPED OR PROFED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #					