PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION |
|---------------|
| FOR |
| REINSTATEMENT |



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT T | DOCL | JMENT | # |
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P17966

1. Corporation Name

ALLOY CLADDING COMPANY, INC.

Principal Place of Business

Mailing Address

16170 OLD U.S. 41 FT. MYERS FL 33912 16170 OLD U.S. 41 FT. MYERS FL 33912 FILED Oct 31, 2002 8:00 A.M. Secretary of State



TUNSTATEMENT

| New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 02/10/1988 5. FEI Number 65-0021852 Country S8.75 Additional Fee require or Status Desired Country for a Certificate of Status Street Address of Each Officers and/or Directors Street Address of Each Officer and/or Directors City / State / Zip Thartemink, John 16170 OLD US HWY 41 FORT MYERS FL 33912 COLUMBIA MD 21045 | If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | A SECOND OF THE SECURITION OF THE SECOND OF | | | |
|--|---|---|-------------------------|---------------------|--------------------------------|---|-----------------------------|----------------|--|
| Applied For No. 8 State City & State City & State Country | | | | | | Date Incorporated or Qualified To Do Business in Florida 02/10/1988 | | | |
| Country Zip Country Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director 4 City / State / Zip | Suite, Apt. #, etc. Suite, Apt. | | Suite, Apt. #, | pt. #, etc. | | 5. FEI Number | | Applied For | |
| Country Zip Country Certificate of Status Desired Certificate of Status Desired Certificate of Status | City & State | 9 | City & State | | | | 007002 1002 | Not Applicable | |
| Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip PT HARTEMINK, JOHN 16170 OLD US HWY 41 FORT MYERS FL 33912 SVP BURNS, ROBERT 6851 OAK HALL LANE COLUMBIA MD 21045 WP KNOLL, DWIGHT 16170 OLD US HWY 41 FORT MYERS FL 33912 | Zip Country Zip | | Zip | Country | | 50./5 Additional Fee requi | | | |
| State Processing Process Pro | 7. Names | and Street Addresses of Each Officer an | d/or Director (Flo | orida nonprofi | t corporations must list at le | east 3 directors) | | | |
| BURNS, ROBERT 6851 OAK HALL LANE COLUMBIA MD 21045 VP KNOLL, DWIGHT 16170 OLD US HWY 41 FORT MYERS FL 33912 11/05/0201047029 **750.00 8. Name and Address of Current Registered Agent Port Myers FL 33912 8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, Etc. City State Zip Code | Title(s) Name of Officers | | Officer and/or Director | | City / State / Zip | | | | |
| KNOLL, DWIGHT 16170 OLD US HWY 41 FORT MYERS FL 33912 1010 010 8:80 4 7:60 11.705/0201047029 **750.00 8. Name and Address of Current Registered Agent Power of the property of the p | PT | HARTEMINK, JOHN | | | | | FORT MYERS FL 33912 | | |
| 8. Name and Address of Current Registered Agent OCRPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, Etc. City State Zip Code | SVP | P BURNS, ROBERT 6 | | | 6851 OAK HALL LANE | | COLUMBIA MD 21045 | | |
| 8. Name and Address of Current Registered Agent ORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, Etc. City State FL Zip Code | VP KNOLL, DWIGHT | | | 16170 OLD US HWY 41 | | | FORT MYERS FL 33912 | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, Etc. City State Zip Code | | | | | | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, Etc. City State Zip Code | | 8. Name and Address of Currer | t Registered Ag | ent | | 9. Name and | Address of New Registere | d Agent | |
| 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, Etc. City State Zip Code FL | | | | | · | | | | |
| City State Zip Code FL | | * | | | Street Address | (P.O. Box Number | is ivoi Acceptable) | | |
| | TALLAHASSEE FL 32301 | | | Suite, Apt. #, Et | Suite, Apt. #, Etc. | | | | |
| the state of the s | . • ' | | | | City | | Ste | ate Zip Code | |
| | 10. I, being | g appointed the registered agent of the a | bove named corp | oration, am fa | amiliar with and accept the | obligations of Sect | ion 607.0505, F.S. or 617.0 | 505, F.S. | |

11. I certify that I am an office 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 filling this reins/atement 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 of Registered Age

OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10-28-02 Date

239-482-3232