| . الخنوب  | <b>∞</b>  | PLEASE REA | O ALL INSTRU         | CTIONS BEFORE C   | OMPLETI  | NG T   | HIS FORM.               | jet                                   |  |
|---|---|------------|----------------------|---|--|--|-------------------------|---------------------------------------|--|
| ~~  | RPORAT  |            | Kath<br>Secre        | FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS |  | FILED 01 NOV 28 PM 12: 24  |                         |                                       |  |
| DOCUMENT # P30639  1. Corporation Name  |   |            |                      |   | SECRETARY OF STATE<br>TALLAHASSEE FLORIDA                                      |  |                         |                                       |  |
| Spurlin Industries, Inc.  |   |            |                      |   |  | 9000047170890<br>-12/10/0101032029<br>***1200.00 ***1200.00          |                         |                                       |  |
|   |   |            |                      |   |  | 9000047170890<br>-12/10/0101092030                                   |                         |                                       |  |
| 2. Principal<br>625 Mai:  |   | ess        |                      | 3. Mailing Office Address 625 Main Street   |  | *******8.75 ******8.75   |                         |                                       |  |
| Suite, Apt. #   |   |            |                      | Suite. Apt. #, etc.   |  | 1 9801   |                         |                                       |  |
| Outto, r.p #  | , 010.  |            | ound, r.pt. 11, oto. | Outo, Apr. #, oto.  |  | Date Incorporated or Qualified     To Do Business in Florida 8/22/90 |                         |                                       |  |
| City & State  |   |            | City & State         | 1 '   |  |  |                         |                                       |  |
| Palmetto GA   |   |            | Palmetto GA          |   | 5. FEI Number         Applied For           58 I 558078         Not Applicable |  |                         |                                       |  |
| Zip   |   | Country    | Zip                  | Country   | 6. CERTIFICATE   | OF STATE   | JS DESIRED \$8.75 Addit | ional Fee required tificate of Status |  |
| 30268   | ı   | USA        | 30268                | USA  nd Address of Current Register   |  | 0, 0,,,,,  | tor a Ceri              | lificate of Status                    |  |
| Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc.  City Plantation  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.  MARY R. ADAMS Signature of Registered Agent REGISTERED AGENT MUST SIGN  State Zip Code FL 33324  |   |            |                      |   |  |  |                         |                                       |  |
|   | Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list:     Name of Street Address of S |            |                      |   |  | not.   |                         |                                       |  |
| Titles  | tles Officers and/or Directors  |            |                      | Street Address of Each<br>Officer and/or Director   |  | City / State / Zip   |                         |                                       |  |
| 9   | See Attac   | hed "      |                      |   |  |  |                         |                                       |  |
|   |   |            |                      |   |  | 1  | MM                      |                                       |  |
|   |   | ·          |                      |   | 7  |  | $\mathcal{J}$           | 1                                     |  |
|   |   |            |                      |   |  |  |                         |                                       |  |
| 1   |   | æ          |                      |   | Ì  |  |                         |                                       |  |
| 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 filling 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: And Typedor Printed Name of Signing Officer Orginetory 1/27-2001 770 463 1644  SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER ORGINETORY 1 SECRETARY Date Daylime Phone #   |   |            |                      |   |  |  |                         |                                       |  |
| FL010 - 10/03/01 C T System Online  |   |            |                      |   |  |  |                         |                                       |  |

2012

# Spurlin Industries, Inc.

# Officers & Directors

# Officers

Richard Todd Spurlin, President Roy Caselton, Vice President, CFO and Secretary George Miller Stewart, National Sales Manager

#### Directors

Richard Todd Spurlin, Chairman Raymond Clark, Jr., Director

#### Corporate Address

625 Main Street Palmetto, GA 30268

Address for our above listed