BLEASE READ A	ALINS	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	$\overline{\Omega}$	
APPLICA IO	FL O	A DEPARTMEN	NT OF STATE			U	
PEINSTATEM NT		secretary of S	State				
DOCUMENT # 22700001787				FILED			
1. Corporation Name				97 OCT 20 PM 12: 29			
Perfit Clamping	erfit Clamping Systems, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address				j			
881 S.E. St. Lucie Blud. Same							
Stuart, FL 34996							
If above addresses are incorrect in any way, line through incorrect information and e  2. New Principal Office Address, If Applicable  3. New Mailing Office Address			1	Date Incorpo     To Do Busine	orated or Qualified ess in Florida	<u></u>	
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. FEI Number Applied For			
City & State	City & State			6.	387863	Not Applicable	
Zip Country	Zip	Country	, 		OF STATUS DESIRED 60	5 Additional Fee required or a Certificate of Status	
Names and Street Addresses of Each Officer and/c     Name of Officers	or Director (Flor	<del></del>	tions must list at lease				
Title(s) and/or Directors		3 (Do NOT Us	icer and/or Director te Post Office Box N		City / Sta	·	
PSD Del V. Tiegs	881 S.E. St. Lucie Blud, Stuart, FL 34996						
VD Randy G. Tiegs		881 S.E. St. Lucie Blud. Stuart, FL 34996			34996		
D Carolyn Horchler 881			E. St. Lucie	e Blud	Stuart, FL	34996	
			00002327000 -10/22/9701080006 ****165.00 ****165.			)1080006	
A Name and Address of Current B							
8. Name and Address of Current Registered Agent Name			Name	9. Name and Ad	ddress of New Registered A	gent .	
Del V. Tiegs			Street Address (P.O. Box Number is Not Acceptable)				
881 S.E. St. Lucie Blud. Stuart, FL 34996			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
3,000			City State Zip Code				
10. I, being appointed the registered agent of the above Signature of Registered Agent REG	-1	ation, am familiar wit NT MUST SIGN	h and accept the obl	ligations of Section	n 607.0505, F.S.	77	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No No 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 reinstalement 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: SIGNATURE AND TYPED OF PRINT	TED NAME OF SIG	Oel V. T.	egs Pres	5.	10116197 56 Date Days	1-221-9564	