

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

* APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harfis Secretary of State DIVISION OF CORPORATIONS		FILED 99 AUG -6 PM 4:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Corporation Name <i>LMS Products Inc</i> <i>P94000052610</i> <i>W99000014665</i>			
Principal Place of Business <i>1425 E NEWPORT Etn Drive</i> <i>Deerfield Beach FL 33442</i>		Mailing Address <i>W99000014665</i>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
4. Date Incorporated or Qualified To Do Business in Florida <i>7-1-94</i>		5. FEI Number <i>65-0811564</i>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>President</i>	<i>FREDERICK SOLOMON</i>	<i>6474 NW 43 CT</i>	<i>Coral Spring FL</i>
<i>Sec</i>	<i>JOAN SOLOMON</i>	<i>6474 NW 43 CT</i>	<i>Coral Spring FL 33065</i>
8. Name and Address of Current Registered Agent <i>Frederick Solomon</i> <i>6474 NW 43rd Ct</i> <i>Coral Springs FL 33065</i>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>Frederick Solomon</i> Date <i>7-20-99</i> REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on 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 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: <i>Frederick Solomon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>6-15-99</i> Daytime Phone # <i>954-785-7729</i>	

CP2E(01) (12/98)