


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>794000057177</u>			
1. Corporation Name <u>MANATEE Equipment Supply Inc</u>			
2. Principal Office Address <u>1654 Walton Rd</u> Suite, Apt. #, etc. <u>C</u> City & State <u>PSL, FL</u> Zip <u>34952</u> Country <u>USA</u>		3. Mailing Office Address <u>1654 Walton Rd</u> Suite, Apt. #, etc. <u>C</u> City & State <u>PSL FL</u> Zip <u>34952</u> Country <u>USA</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>8-94</u>		5. FEI Number <u>15-0527783</u> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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0001 [Signature]

7. Name and Address of Current Registered Agent	
Name <u>Dominic Comperchio</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2917 TREASURE Island Rd</u>	
Suite, Apt. #, Etc. <u></u>	
City <u>Port St. Lucie</u>	State <u>FL</u> Zip Code <u>34952</u>

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.	
Signature of Registered Agent <u>[Signature]</u> REGISTERED AGENT MUST SIGN	Date <u>12-17-01</u>

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	Street Address of Each Officer and/or Director	City / State / Zip
<u>President</u>	<u>Dominic Comperchio</u>	<u>2917 TREASURE Island Rd</u>	<u>PSL, FL 34952</u>

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 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] Dominic Comperchio 12-17-01 561-335-1906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)