PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JAN -2 AM 9: 14 P94000061021 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name L & G RADIATORS, INC. Principal Place of Business Malling Address 0.0 12375 N MILITARY TRAIL 12375 N MILITARY TRAIL LOT 40 LOT 40 BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436 REINSTATEMENT Of A If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida - 08/15/1994 Suite, Apt, #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0515606 City & State City & State Not Applicable _6. \$8.75 Additional Fee require Zip Country Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names 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 (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip **BOYNTON BEACH FL 33436** D IACONIS, LORRAINE 12375 N MILITARY TRAIL, LOT 40 12375 N MILITARY TRAIL, LOT 40 **BOYNTON BEACH FL 33436** D PLEMMONS, GARY ****375.00 ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent IACONIS, LORRAINE

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.

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REGISTERED AGENT MUST SIGN

 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

(See other side for information on intangible tax.)

Zip Code

State

18-18-96

CH2E040

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:

12375 N MILITARY TRAIL

BOYNTON BEACH FL 33436

LOT 40

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

DAVING TACONIA -18-96 561-271-2780