

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99/00 AC
 REINSTATEMENT
 99-2000



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR -1 AM 8:37

DOCUMENT # 995000041498
 1. Corporation Name **AI** **ACCURATE FASTENERS, INC.**
 10325 SHERROUSE RD.
 LAKELAND, FL 33810
 FAX (863) 859-4999
 PHONE (863) 859-0320

2. Principal Office Address
SAME

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5-19-95
 5. FEI Number 59-3319842
 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ALAN J. RIEDER
 Street Address (P.O. Box Number is Not Acceptable) 10325 SHERROUSE RD.
 Suite, Apt. #, Etc.
 City LAKELAND, FL State FL Zip Code 33810

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 ****300.00 ****300.00

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 [Signature] Date 2-17-00
 REGISTERED AGENT MUST SIGN

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>PRES</u>	<u>ALAN J. RIEDER</u>	<u>10325 SHERROUSE RD</u>	<u>LAKELAND, FL. 33810</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] ALAN J. RIEDER Date 2-17-00 (863) 859-0320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)