| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | |
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| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State | FILED |
| DIVISION OF CORPORATIONS | | 97 JAN -2 AM 9: 26 |
| DOCUMENT # P95000054129 1. Corporation Name | | SECRETARY OF STATE TAILLAHASSEE, FLORIDA |
| AMERICAN INDUSTRIAL GENERATOR COMPANY | | TĀĪLAHASSEE, FLOHIDA |
| Principal Place of Business | Mailing Address | |
| 4501 SOUTHWEST 43 AVENUE FORT LAUDERDALE FL 33314 | POST OFFICE BOX 907 DANIA FL 33004 | |
| | | REINSTATEMENT Q |
| If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applica | on below. 4. Date Incorporated or Qualified |
| 3921 S.W. 47 AVE Suite Apt. #, etc. Suite 1003 | 392/ S.W. 41 DVE Suite, Apt. #, etc. Suite 1003 | 5. FEI Number Applied For |
| City & State FH. LAUDERDALE, FL: | SUITE 1003 City & State FT. LAUDER DAGE | 65-05941444 Not Applicable |
| Zip Country V.C.A. | Zip Country V.S. 14 | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| 7. Names and Street Addresses of Each Officer and/o | | |
| Title(s) Name of Officers and/or Directors | Street Add Officer and 3 (Do NOT Use Post | dress of Each d/or Director City / State / Zip Office Box Numbers) 4 |
| PTD BLANKENSHIP, WILLIAM L 4501 SOUTHWEST 43 AVENUE FORT LAUDERDALE FL 33314 | | |
| VSD BLANKENSHIP, ALEIDA M | 4501 SOUTHWEST 43 | AVENUE FORT LAUDERDALE FL 33314 |
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| | | 2000020514129 -01/08/9701116020 *****375:00 *****75:00 |
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| | | Morte |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent | | |
| THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE Name Street Address (P.O. Box Number is Not Acceptable) | | |
| CORAL GABLES FL 33134 Suite, Apt. #, Etc. | | |
| | Su City | 1/1 /003 State Zip Code FL 333/4 |
| 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 Mullistered Agent | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No | | |

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 filling 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: William & Blantishin 12/26/96 954-797-7572