

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

04 JUL -7 AM 8:14

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043777

1. Corporation Name

Extrusion Technologies Inc

REINSTATEMENT 03-04

2. Principal Office Address

8031 Old Spanish Tr
Suite, Apt. #, etc.

3. Mailing Office Address

8031 Old Spanish Tr
Suite, Apt. #, etc.

City & State

Sneads, FL
Zip 32460 Country USA

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Sneads, FL
Zip 32460 Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/22/94

5. FEI Number

59-3382001

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

Lawrence F Fern

700039321377

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

8031 Old Spanish Tr
Suite, Apt. #, Etc.

07/20/04--01010--024 **900.00

City

Sneads

State

FL

Zip Code

32460

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

Lawrence F Fern
REGISTERED AGENT MUST SIGN

Date 7-6-04

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
DP	Fern, Lawrence F	8031 Old Spanish Tr	Sneads FL 32460
DST	Fern, Linda M	8031 Old Spanish Tr	Sneads FL 32460

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:

Lawrence F Fern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-6-04

Daytime Phone #

850-593-1888

CH2E081 (01/04)