PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE **CORPORATION** 09 OCT 26 PM 2: 23 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P96000045305 STRUCTURAL PLASTICS, INC. 700162144167 10/26/09--01006--025 **758.75 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 9010 MUNSON DR. 9010 MUNSON DR. CR2E081 (12/08) 4. Date Incorporated or Qualified To Do Business in Florida 29 MAY 1996 City & State City & State Applied For 5. FEI Number ZACHARY, LA ZACHARY, LA 59-3392023 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 The reinstatement fee is imposed, except in WILLIAM 5. Mc CANN
Street Address (P.O. Box Number is Not Acceptable) circumstances which the entity did not receive the prior notices. By checking this box, you 1392 DEVONSHIRE are certifying the prior notices were not received and requesting the reinstatement fee be waived. Zıp Code 32311 TALLAHASSEE 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. Date 10/21/09 9. 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 City / State / Zip WILLIAM S. McCANN 1392 DEVONSHIRE OR TALLAHASSEE, FL 32311 PATRICIA C. McCANN 1392 DEVONSHIRE DR. TAMAMSSEG FL 32311 REINSTATEMENT

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 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 contained in Chapter 119, 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 & MaG	WILLIAM S. McCARRI	10/21/89	904-713-8705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dote	Daytime Phone #