2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000046956

1. Entity Name
ENGINEERED METALS AND COMPOSITES, INC.

FILED
05 JAN -5 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7655 MATOAKA RD UNIT D SARASOTA, FL 34243	P.O. BOX 10367 BRADENTON, FL 34282 US

12032004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4840 FOREST DRIVE Suite, Apt. #, etc. 346
City & State	City & State COLUMBIA
Zip / Country	Zip SC / Country 29206

4. FEI Number 65-0667260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CPA, ASSOCIATES P 40 S PINEAPPLE AVE SARASOTA, FL 34236	Name SHERRY FORBES Street Address (P.O. Box Number is Not Acceptable) Engineered Metals 7655 Matoaka Rd. Unit D City Sarasota FL Zip Code 34243

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sherry Forbes President SHERRY FORBES 12/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FORBES, SHERRY 7655 MATOAKA RD #C SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600043224466 12/07/04--01007--025 **758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FORBES, EDWARD E 7655 MATOAKA RD #C SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900044113379 01/05/05--01054--004 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT 12-3-04	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherry Forbes 12-3-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #