PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
01 AUG 22 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000051733

1. Corporation Name

SILVANIA MACHINING, INC.

99-01 UBR

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 101C DUNBAR AVE. | 101C DUNBAR AVE. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: OLDSMAR, FL | City & State: OLDSMAR, FL |
| Zip: 34677 Country: U.S.A. | Zip: 34677 Country: U.S.A. |

4. Date Incorporated or Qualified To Do Business in Florida: 06/18/1996

5. FEI Number: 59-3392025 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: KUTCHINS, BRYAN A.

400004560584--8
-08/28/01--01000--008
****450.00 ****450.00

Street Address (P.O. Box Number is Not Acceptable): 3974 TAMPA RD.

Suite, Apt. #, Etc.:

City: OLDSMAR State: FL Zip Code: 34677

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: Bryan A. Kutchins Date: 8-14-01
REGISTERED AGENT MUST SIGN

CR2E031 (8/00)

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 |
|---|---|---|---|
| D | VARGA, CAROL | 461 COUNTRYSIDE KEY BLVD | OLDSMAR, FL 34677 |
| | | | |
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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: Carol Varga. CAROL VARGA 08/13/2001 813-818-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FLS2524F.1