PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 15 PM 1:50

DOCUMENT #

1. Corporation Name
CAVALRY PRECISION MACHINE INC
P96000067632

2. Principal Office Address	3. Mailing Office Address
7305 124th Ave N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO FL	City & State
Zip: 33773 Country	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: AUG 96

5. FEI Number: 65-0687389 ☐ 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: LESLIE W RUMMEL

500004336185--1
-05/31/01--01015--008
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 640 50th Ave N

Suite, Apt. #, Etc.

City: ST PETE State: FL Zip Code: 33703

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: [signature] REGISTERED AGENT MUST SIGN Date: 5-8-01

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
Pres/sec.	LESLIE W RUMMEL	640 50th Ave N	ST PETE FL 33703

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: [signature] 5-8-01 727 524 1568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAVALRY
PRECISION MACHINE Inc.
7305 124 th Ave N.
LARGO, FL. 33773
PHONE 727-524-1568
FAX 727-524-1569

DATE: 05-14-01
TO: FL DEPT OF STATE
FROM: LES RUMMEL
RE: REINSTATEMENT OF CAVALRY PRECISION MACHINE INC.

WE DID NOT RECEIVE A NOTICE FROM YOUR OFFICE FOR THE ANUAL FILING.
AS SUCH I HEREBY REQUEST THAT YOU WAIVE THE LATE FEES FOR THIS FILING.
IN THE FUTURE THE NOTICE SHOULD BE SENT TO THE ABOVE ADDRESS.

THANK YOU,
LES RUMMEL
PRESIDENT