

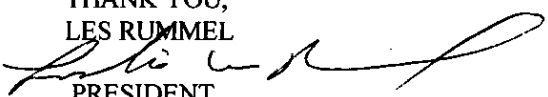
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 P 96000067632																																	
2. Principal Office Address 7305 124 th Ave N Suite, Apt. #, etc. City & State LARGO FL Zip Country 33773		3. Mailing Office Address Suite, Apt. #, etc. City & State 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 Street Address (P.O. Box Number is Not Acceptable) 640 50 th 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 Date 5-8-01 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres/sec.</td> <td>LESLIE W Rummel</td> <td>640 50th Ave N</td> <td>ST PETE FL 33703</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres/sec.	LESLIE W Rummel	640 50 th Ave N	ST PETE FL 33703																				
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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: 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