

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 OCT 15 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000034220**

1. Corporation Name

**PROCESS PIPING-USA CORP.**

Principal Place of Business

Mailing Address

18121 PATTERSON ROAD  
ODESSA FL 33556

18121 PATTERSON ROAD  
ODESSA FL 33556



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3460802

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1        | 2                                 | 3  | 4                  |
|----------|-----------------------------------|--|--------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| P        | HARMON, THOMAS                    | 18121 PATTERSON RD                             | ODESSA FL 33556    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |

200004649422--3  
-10/23/01--01030--003  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARMON, THOMAS  
18121 PATTERSON ROAD  
ODESSA FL 33556

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Thomas Harmon*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date *Oct 11 01*

11. 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)(f), 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:

*Thomas Harmon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Oct 11 01*

Daytime Phone #

*813 205 7510*

CR2E040 (8/01)