

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000086169			
1. Corporation Name FABRICATED COMPONENTS, INC.			
Principal Place of Business 1051 ALOMA AVENUE WINTER PARK FL 32789		Mailing Address P.O. BOX 130 WINTER PARK FL 32789 US	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 190 SHELL POINT WEST Suite, Apt. #, etc. MAITLAND Florida City & State		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State	
Zip 32751		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 10/06/1997		5. FEI Number 59-3484891	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	FOUT, DAVID L	1051 ALOMA AVENUE	WINTER PARK FL 32789
8. Name and Address of Current Registered Agent FOUT, DAVID 1051 ALOMA AVENUE WINTER PARK FL 32789		9. Name and Address of New Registered Agent Name DAVID L FOUT Street Address (P.O. Box Number is Not Acceptable) 190 SHELL POINT WEST Suite, Apt. #, Etc. City MAITLAND State FL Zip Code 32751	
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 REGISTERED AGENT MUST SIGN Date 8/30/01			
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)(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: DAVID L FOUT		8/30/01 407-444-1828	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

APPROVED
AND
FILED

01 SEP 17 PM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2ED40 (8/00)