


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION <del>REINSTATEMENT</del>		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JUL 12 AM 8:14	
2007 ANNUAL REPORT					
DOCUMENT # P98000022 581					
1. Corporation Name CONTINENTAL PRODUCTS & Equipment, INC.					
2. Principal Office Address - No P.O. Box # 15701 NEWCASTLE CT.			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TAMPA, FL.			City & State		
Zip 33647	Country USA	Zip 33647	Country		
4. Date Incorporated or Qualified To Do Business in Florida			5. FEI Number 59 3657195		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
7. Name and Address of Current Registered Agent			8.75 Additional Fee required for a Certificate of Status		
Name MARLYN EXUM			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Street Address (P.O. Box Number is Not Acceptable) 15701 NEWCASTLE CT.					
Suite, Apt. #, Etc.					
City Tampa	State FL	Zip Code 33647			
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 <u>Marilyn Exum</u> Date <u>7/9/07</u>					
REGISTERED AGENT MUST SIGN					
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.	MARLYN EXUM	15701 NEWCASTLE CT.	Tampa, FL. 33647		
V.PRES.	MARCELL J. MASEMAN III	6810 E. Chelsoe St.	Tampa, FL. 33610		
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 contained in Chapter 119, 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: <u>Marilyn Exum</u>		7/9/07		(813) 623-1274	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	