PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. TIBEU TIVISION OF CORPORATION FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 01 JUL -3 AM 10: 22 P99000017466 DOCUMENT # Corporation Name WEBSTER MACHINERY, INC., COM Principal Place of Business Mailing Address PO Box 1043 3118 WCR 48 Webster, FL 33597 Center Hill, FL 33514 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable —3:1-18—WCR-48 3. New Mailing Office Address, If Applicable PO Box 1043 -Date incorporated or Qualified To Do Business in Florida 2/23/99 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State Webster, FL 65-0919135 City & State Center Hill. FL Not Applicable 88.75 Additional-Febrequired Country ²33514 33597 CERTIFICATE OF STATUS DESIRED USA 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zin PRES FRED JASPER 7501 142 Ave., N #673 Largo, FL 33771 **600004462856--**-07/06/01--01097--024 ****900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FRED JASPER PETER T.GIANINO Steet Address: 2 3. Box Number is Not Acceptable) 217 E. Ocean Blvd. Stuart, FL 34994 Suite, Apt. #, Etc. Largo 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 JASPEK REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on inlengible tax.) Intangible Personal Property tax due June 30. Yes L No L 12.1 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 filling 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. PICS. O. T. 6-27-01 127-433-2150

SUSHATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Output

Date

Output

Date

Object

Output

Date

Object

Output

Date

Object

Obj SIGNATURE: