PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 21 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****450.00 ****450.00

DOCUMENT # S51763

1. Corporation Name
SOI INCORPORATED

2. Principal Office Address	3. Mailing Office Address
PO Box 14864	→ Same
Suite, Apt. #, etc.: #	Suite, Apt. #, etc.:
City & State: North Palm Beach, FL	City & State:
Zip: 33408 Country: USA.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/13/1991

5. FEI Number: 65-0274023 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAVID L. BURROWS

Street Address (P.O. Box Number is Not Acceptable): 450 Neptune Rd.

Suite, Apt. #, Etc.:

City: Juno Beach, FL State: FL Zip Code: 33408

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: David L Burrows Date: 8/10/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P, VP, S	DAVID L. BURROWS	450 Neptune Rd	Juno Beach, FL 33408

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: David L Burrows 8/10/02 561/842-8935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

May 30, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: SDI Incorporated, Document # S51763

Division of Corporations:

I am the owner of an small business, SDI, Incorporated.

Over the last 2-3 years I (as the only employee) have been inactive with this company. This has been due principally to severe illness in my family and frequent traveling to Tennessee to assist my parents. I do not recall receiving any notices for the annual report, or URB, during this time and my business was in complete disarray.

Since I am now able to work in this business effort full time again, I recently called your office.

I would like to initiate full scale business operations again. As requested, I am sending this letter and am submitting a check for $450.00 (3x $150) as was suggested to re-instate the company. Our new mailing address will be P.O. Box 13139, North Palm Beach, FL 33404 and our physical address will be 3634 Reese Ave., Riviera Beach, FL 33404. Our office phone number will be 561-722-3088 , if you need to contact me.

All other information will remain the same.

Thank you for your assistance.

Sincerely,

David Burrows, Pres

Check for $450.00 — re-instatement of SDI, Inc.