PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE NEAD	ALL INSTRUCTIONS DEFONE	
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENTS OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED OI JAN II PM 3:38
DOCUMENT # \$571	20 W-30057	SEGREJARY OF STATE TAGUAHASSEE. FLORIDA
Anuil Iron Work 2. Principal Office Address	45 Inc.	
12. Principal Office Address 12. Principal Office Address 13. Principal Office Address 14. Principal Office Address 15. Principal Office Address 15. Principal Office Address 15. Principal Office Address 15. Principal Office Address 16. Pri	Suite, Apt. #, etc.	REINSTATEMENT 92-01
Unit A City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For
Clear water FL Zip Country 320/2 11 Ch	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
DIFER WAR	The second secon	and the contract of the contra
7. Name and Address of Current Registered Agent Name		
Clear water		State Zip Code FL 33762
Signature of Registered Agent	bove named corporation, am familiar with and accept the	obligations of section 607.0505 or 617.0503, F.S. Date/ Z ~ / 8 ~ 00
9. Names and Street Addresses of Each Officer at	and/or Director (Florida nonprofit corporations must list at	least 3 directors)
Titles Name of Officers and/or Director	Street Address of Eac ors Officer and/or Direct	
P Dennis Mai	etton 1245 1144 Ave. No.	Large SL 33774 Clearanter, FL 33755
P Denn. 5 Moi	'ey 1638 Wirdsor Pl.	Clearwater, FL 33755
		4000035734546 -01/24/0101085020 ****150.00 ****150.00
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 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		