


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000046956</b> 1. Entity Name <b>ENGINEERED METALS AND COMPOSITES, INC.</b>	
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FILED  
05 JAN -5 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>7655 MATOAKA RD UNIT D SARASOTA, FL 34243</b>	Mailing Address <b>P.O. BOX 10367 BRADENTON, FL 34282 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>4840 FOREST DRIVE 346</b>
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City & State <b>COLUMBIA</b>	City & State <b>SC 29204</b>	4. FEI Number <b>65-0667260</b>
Zip <b>SC</b>	Country <b>29204</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



12032004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent <b>CPA, ASSOCIATES P 40'S PINEAPPLE AVE SARASOTA, FL 34236</b>	7. Name and Address of New Registered Agent Name <b>SHERRY FORBES</b> Street Address (P.O. Box Number is Not Acceptable) <b>Engineered Metals 7655 Matoaka Rd. Unit D</b> City <b>Sarasota</b> FL Zip Code <b>34243</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sherry Forbes, President* **SHERRY FORBES** DATE **1-3-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>FORBES, SHERRY</b> <b>7655 MATOAKA RD #C</b> <b>SARASOTA, FL 34243</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600043224466</b> <b>12/07/04--01007--025 **758.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>FORBES, EDWARD E</b> <b>7655 MATOAKA RD #C</b> <b>SARASOTA, FL 34243</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900044113379</b> <b>01/05/05--01054--004 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <del>FORBES, EDWARD E</del> <del>7655 MATOAKA RD #C</del> <del>SARASOTA, FL 34243</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherry Forbes* DATE **12-3-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #