

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 14 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 281111

1. Corporation Name

William J. Fielding, Inc.

REINSTATEMENT

05-06

2. Principal Office Address

430 29th Court SW

Suite, Apt. #, etc.

3. Mailing Office Address

104 Amanda Street

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Russell, KY

Zip

32968

Country

US

Zip

41169

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/1964

5. EEL Number

59-1052266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William J. Fielding

Street Address (P.O. Box Number is Not Acceptable)

430 29th Court SW

Suite, Apt. #, Etc.

City

Vero Beach, FL

State

FL

Zip Code

32968

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

REGISTERED AGENT MUST SIGN

Date

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
PT	Fielding, William	430 29th Court SW	Vero Beach, FL 32968

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Fielding, President

Date

8/11/06

Daytime Phone #

772-559-8611

282

WILLIAM J. FIELDING
104 Amanda Street
Russell, KY 41169

August 9, 2006

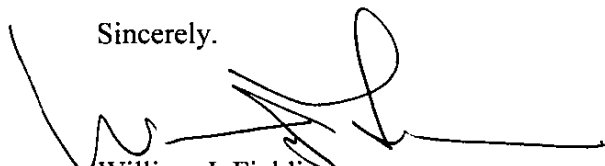
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: William J. Fielding, Inc.
Document 281111

Dear Sir/Madam:

Please accept this letter as verification that I certify that the 2005 report was not received for filing by me as registered agent of the above-referenced corporation, nor was it received at the principal office address. Please reinstate the referenced corporation and waive the late fees as stated.

Sincerely.



William J. Fielding