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

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DOCUMENT # 281111

1. Corporation Name

William J. Fielding, Inc.

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
430 29th Court SW		104 Amanda Street	
Suite, Apt. #, etc.		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. FEI 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

000078989430
08/22/06--01024--003 **308.75

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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: _____ 772-559-8611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William J. Fielding, President 8/11/06

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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