		PLEASE RE	AD A	LL INST	RUCTIONS	BEFORE O	COMPLET	ING THIS FOF	ВМ.		
API REIN	A SA	AR C		reonid/	A DEPARTMEI Sandra B. Moi Secretary of S VISION OF CORPO	rtham State		F	AND TLED		
DOCUMENT # <b>F9400000202</b> 1. Corporation Name								97 DEC -1 PM 1: 42 SECRETARY OF STATE TALLAHASSES FLORIDA			
FARM	ER DRIL	LING, INC.						77 16 16 17 17 17 1	, o, c, c, s,	·ONUA	
Principal Place of Business P.O. BOX 262967 HOUSTON TX 77207				Mailing Address P.O. BOX 262867 HOUSTON TX 77207							
If above addresses are incorrect in any way, line thr  2. New Principal Office Address, If Applicable  Sulte, Apt. #, etc.				augh incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable  Sulte, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     O1/14/1994				
City & State				City & State			5. FEI Number	76-0420582		Applied For Not Applicable	
Zip Country				Zip Country			6. CERTIFICATE	OF STATUS DESIRED		ditional Fee require ertificate of Status	
7. Names	and Street Ad	dresses of Each Office Name of Office		Director (Flor		ations must list at lea eet Address of Each		T			
Title(s)	itle(s) and/or Directors			Officer and/or Director 3 (Do NOT Use Post Office Box N			r				
PD	RUTLEDGE, ROBERT M				5323 PINE			BELLAIRE TX 77401			
VSTD	FARMER, MICHAEL				2507 DEL NORTE			HOUSTON TX 77018			
٧	V FARMER, GLYEN				7914 MONTGLE	I		HOUSTON TX			
							Je 12	000236 -12/04/97 ****165.	0111	*O	
8. Name and Address of Current Registered Agent						I	9. Name and A	Address of New Regist	ered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105						Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301				Suite, Apt. #, Etc.			State Zip Code				
10. I, being	appointed th	e registered agent of	lhe abovi	named corpo	oration, am familiar w	I ith and accept the o	bligations of Secti		<u> </u>		
Signature of Registered Agent REGISTERI DIAGENT MUST SIGN								Date			
		ration owes o				ar Yes 🔀	No 🔲		er side for in intangible t		

12. 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.

7/3-662-9710 Daytimo Phone #

Farmer Drilling, Inc. P. O. Box 262867 Houston, Tx. 77207

Florida Department of State P. O. Box 6327 Tallahasse, Fl. 32314-6327

Re: Reinstatement

Dear Sirs:

Attached is the application for reinstatement we received from you. Also attached is our check for \$165 paying the 1997 Annual Report Fee. We ask that the reinstatement fee be abated as we did not receive the forms for filing the Annual Report and did not know we had missed a filing. We are very sorry and will not let it happen again.

Sincerely

Mike Farmer, Treasurer