

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 25 PM 4:11

DOCUMENT # **F98000001540**

1. Corporation Name
H & L GUARDRAIL, INC.

Principal Place of Business Mailing Address

116 H & L STREET TROY MI 36081
AL

116 H & L STREET TROY MI 36081
AL



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 63-1168111	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PCD	HARRIS, T M	116 H & L STREET	TROY AL
STD	MASINGILL, ERIC B	116 H & L STREET	TROY AL
			7000103033097--4 -11/02/99--01099--018 ***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. 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.

SIGNATURE: *[Signature]* *RS* **10-21-99** **334-566-4541**

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

CR2ED40 (8/99)



GUARDRAIL, INC.

P.O. Box 432 • 116 H & L Street • Troy, AL 36081
Phone (334) 566-4541 • Fax: (334) 566-8330

October 21, 1999

Florida Department of State
Divisions of Corporations
Annual Report/ Reinstatement Section
P. O. Box 6327
Tallahassee, Fl. 32314-6327

Dear Sir

Please abate the reinstatement fee for our 1999 Corporate Annual Report for the following reason:

The Principal Place of Business is listed as Troy, MI ----- This should be Troy, Al

The Mailing Address Is listed as Troy, MI-----This should be Troy, Al

I have called your Florida Office to have this corrected. Your agent who answered the phone said that we should write a letter pointing out this error and reduce the fee to \$150.00, the regular annual fee. We appreciate your help in resolving this issue and hope this satisfies your requirements.

Thanks for your time and consideration.

Sincerely,

Ned Jordan
Controller