

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

DOCUMENT # F99000004721

00 OCT 18 AM 10:05

1. Corporation Name

HENRY DOCK WORKS, INC.

Principal Place of Business

Mailing Address

P.O. DRAWER 2306
ROCKY MOUNT NC 27802-2306

P.O. DRAWER 2306
ROCKY MOUNT NC 27802-2306

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *oct*

4. Date Incorporated or Qualified To Do Business in Florida

09/13/1999

5. FEI Number

56-2060289

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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
C	HENRY, MARSHALL W JR.	2440 NORTH CHURCH STREET	ROCKY MOUNT NC 27804
P	HEDGEPEETH, JANE E	104 EAST GREEN STREET	NASHVILLE NC 27858
V	HENRY, GAYLE S	2440 NORTH CHURCH STREET	ROCKY MOUNT NC 27804
			000003441740--2 -10/27/00--01021--002 ***750.00 ***750.00
			<i>\$710/25</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHERRY, BEN
C/O MBM
2929 OLD TAMPA HIGHWAY
LAKELAND FL 33803

Name

Ben Cherry

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

4030 Lehman Court

Suite, Apt. #, Etc.

City

Lakeland

State

Zip Code

FL

33813

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

Ben Cherry SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *10/16/00*

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:

Gayle S Henry SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00 Date

Daytime Phone #

CR2E040 (8/00)