

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 MAY 23 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04-05

05022005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000029983
 1. Entity Name
 ACM FABRICATION, INC.



Principal Place of Business
 2537 S.E. 17TH STREET
 OCALA, FL 34471

Mailing Address
 2537 S.E. 17TH STREET
 OCALA, FL 34471

2. Principal Place of Business
 2011 NW Martin Luther King Ave
 Suite, Apt. #, etc.

3. Mailing Address
 221 NW 133rd Court
 Suite, Apt. #, etc.

City & State
 Ocala, FL
 Zip
 34475
 Country
 U.S.

City & State
 Ocala, FL
 Zip
 34482
 Country
 U.S.

4. FEI Number
 05-0558768

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAMP, DENNIS D ESQ.
 2537 S.E. 17TH STREET
 OCALA, FL 34471

7. Name and Address of New Registered Agent
 Name: Dennis D. CAMP,
 Street Address (P.O. Box Number is Not Acceptable)
 351 N.E. 8th Avenue
 City: Ocala FL Zip Code: 34470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 5/5/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, STEPHANIE A 221 N.W. 133RD CT. OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300055857213 06/07/05--01054--006 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ARNOLD, CARL F 221 N.W. 133RD COURT OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephanie A. Arnold President* DATE: 5-6-05 352-427-9000

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