

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 18 AM 8:01

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000108304

1. Corporation Name

DEHOLM DRILLING, INC

200009033672
11/15/02--01099--003 **750.00

REINSTATEMENT 01-02

5/15/01 90007 003 - 150 06

2. Principal Office Address

2169 TAYLOR RD

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 336

Suite, Apt. #, etc.

City & State

COTTONDALE, FL

City & State

COTTONDALE, FL

Zip

32431

Country

US

Zip

32431

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/99

5. FEI Number
60-0001282

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

JANET HAZEN

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

2172 Morris Rd, P O BOX 336

Suite, Apt. #, Etc.

City

COTTONDALE

State
FL

Zip Code

32431

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

See attached for Signature

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
P	LOUIS E DILMORE	2169 TAYLOR RD	COTTONDALE, FL 32431
V	THOMAS L SEAY	2169 TAYLOR RD	COTTONDALE, FL 32431
ST	ELIZABETH A DILMORE	2169 TAYLOR RD	COTTONDALE, FL 32431

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis E. Dilmore

09-02-2002

Date

985-873-6151

Daytime Phone #

CR2E361 (9/01)

2001 UNIFORM BUSINESS REPORT (UBR)

P99000108304

DOCUMENT # P99000108304

1. Entity Name

DEHOLM DRILLING, INC.

Principal Place of Business

2169 TAYLOR RD.
COTTONDALE FL 32431

Mailing Address

2169 TAYLOR RD.
COTTONDALE FL 32431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAZEN, JANET
501 W. 19TH ST.
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY-1, 2001-Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DILMORE, LOUIS E	
STREET ADDRESS	2169 TAYLOR RD.	
CITY-STATE-ZIP	COTTONDALE FL 32431	
TITLE	V	☐ Delete
NAME	SEAY, THOMAS L	
STREET ADDRESS	2169 TAYLOR RD.	
CITY-STATE-ZIP	COTTONDALE FL 32431	
TITLE	ST	☐ Delete
NAME	DILMORE, ELIZABETH A	
STREET ADDRESS	2169 TAYLOR RD.	
CITY-STATE-ZIP	COTTONDALE FL 32431	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29, 2001

DATE

Daytime Phone #

CR2E034 (10/00)