

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -4 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 441314

1. Corporation Name

BARTOW FABRICATION AND MAINTENANCE, INC.

Principal Place of Business

HIGHWAY 17 SOUTH
P.O. BOX 890
BARTOW FL 33830

Mailing Address

HIGHWAY 17 SOUTH
P.O. BOX 890
BARTOW FL 33830

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

12/05/1973

5. FEI Number

59-1501273

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ST	WILLIAMS, B J	820 DELABOSQUE	BARTOW, FL 00000
P	MOORE, HOWARD	1626 LAKEWOOD DR P.O. DRAWER 3428 n/a	LAKE WALES, FL
RECEIVER	HAMMER, MARVIN J.	2001 E.F. GRIFFIN ROAD	BARTOW, FL
100002707871--5 -12/02/98-01102-004 ***750.00 ***750.00			
REINSTATEMENT 98 13-14-11-98			

8. Name and Address of Current Registered Agent

MOORE, HOWARD
1220 THORNBERG ROAD
BARTON PARK FL 33827
1220 THORNBERG RD.
BARTON, PARK, FL.
33827

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Howard Moore
REGISTERED AGENT MUST SIGN

Date 11-23-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

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.

SIGNATURE:

Marvin J. Hammer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-98
Date

941 533 3617
Daytime Phone #

CR2E040 (9/98)