## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION** REINSTATEMENT

DOCUMENT #



## FLORIDA DEPARTMENT, OF STATE Katherine Harns

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

SIGNATURE:

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Indian River Boiler & Steam Engineering, Inc							:						
		<u>.</u>		W	010000014	443	AR.						
2. Principal O	Office Address		<b>3.</b> Ma	3. Mailing Office Address			140		colesionia (St. 61	med. (b. 2) (1986)		- 0.1	
805 S	ultan Av	e	Sam	Same As Above				REINSTATEMENT 95-01					
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.									
-0-				-0-				Date Incorporated or Qualified     To Do Business in Florida					
City & State			-City & S	- City & State			5. FEI Numb	<u> </u>	Jı	11y_2.7		lied For	
Opa-locka,Florida				-0-v				-	1		<b>—</b>	Applicable	
Zip Country			Zip	'   '			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required						
33054 U.S.A.				-00-			CERTIFICAT	E OF STATU	S DESIRED 1			of Status	
				7. Name and	Address of Current I	Registere	d Agent						
		is M Cla		7000039117877									
8	Street Address (P.O. Box Number is Not Acceptable)								03/27/0	)1010		009 10. 75	
- 5	9520 N.W. 10th Street Suite, Apt. #, Etc.							<u>ķ</u>	***1658	. (5 *	新新工 <b>户</b> (3	გ. (პ 	
<u></u>	House												
	City <b>Pembr</b>	oke Pine	s.					State <b>FL</b>	Zip Code 33024	ļ			
8. I, being app				corporation, am	familiar with and acce	ept the obi	igations of secti	on 607.050	5 or 617.050	3, F.S.			
Signature of		1	m	11	1							ĺ	
Registered Agent				D AGENT MUS	AGENT MUST SIGN			Date _	02-	23-01		• •	
0 11	10. (11.	A STATE OF THE STA	or residence disposite occidence					59. ii					
9. Names and	d Street Addresses		nd/or Directo	or (Florida nonpri	ofit corporations must		st 3 directors)				·	***	
Titles	s Name of Officers and/or Directors			Street Address of Each Officer and/or Director					Cit	y / State / Zi	р	3.50	
Owner resident	t Franc	is M Cla	rk jr	9520	N.W.10th	_Stre	et	Pemb	roke_	Pines,	-F-13	33024	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-01

Daytime Phone #