

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 17 PM 5:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F31919**

1. Corporation Name

D & H Industries, Inc.

2. Principal Office Address

8539 New York Ave.

3. Mailing Office Address

PO Box 5008

Suite, Apt. #, etc.

Unit # 9

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Spring Hill, FL

Zip

34667

Country

Pasco

Zip

34611

Country

Hernando

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/1981

5. FEI Number

592144286

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

Howard R. Austad

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

2466 Sunrise Court

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34608

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

Date 12/11/03

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	Howard R. Austad	2466 Sunrise Ct.	Spring Hill, FL 34608

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:

Howard R. Austad 12/11/03

727 863-6214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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