

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002256

1. Corporation Name

CONTROLLED BLASTING, INC.

Principal Place of Business

Mailing Address

3025 JONES MILL RD.
NORCROSS GA 30071

3025 JONES MILL RD.
NORCROSS GA 30071

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1998

5. FEI Number

58-1399808

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	4 City / State / Zip
EP D	POLLOCK, EDWARD S	3025 JONES MILL RD.	NORCROSS GA 30071
BGF S/H	POLLOCK, JOAN R Jones, Frances M.	3025 JONES MILL RD.	NORCROSS GA 30071
+CP	GILMORE, LAWRENCE E	3025 JONES MILL RD.	NORCROSS GA 30071
V/D	DAUGHRILL, CURTIS R	3025 JONES MILL RD.	NORCROSS GA 30071
AG D	LAWRENCE, WALTER * Griffies, Hiram P.	3025 JONES MILL RD.	NORCROSS GA 30071

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

500003493275-1
-12/11/00--01035--008

City

***750 FL ***750.00

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

Vicky Goldstein
REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

Date 11-6-00

11. 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:

Frances M. Jones SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treas.

10/31/00

Date

(770) 448-4099

Daytime Phone #

CR2E040 (8/01)