	PLEASE REA	D ALL INS	TRUCTIONS	S BEFORE (COMPLET	ING THIS FORM.	. 1
	PLICATION FOR STATEMENT	-01 U	DA DEPARTME Katherine H	larris Staie	=	APPROVED AND FILED	& lol C
DOCUMENT # G44087					OIJAN 19 PM 4:32		
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
D&N	M DRILLING FLUIDS, I	NC.					
Principal Place of Business Mailing Address				··· -	_		11 B1611 B1614 41611 B1811 4261
5212 OIL JAY FL 32 US	PLANT RD 2565	579 65					
If above addresses are incorrect in any way, line through incorrect information a 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.					4. Date Incorporated or Qualified To Do Business in Florida 06/16/1983		6/16/1983
City & State City & S			5. F		5. FEI Numbe	59-2263068	Applied For Not Applicable
Zip Country Zip			Country		6. CERTIFICATI		5 Additional Fee required r a Certificate of Status
7. Names	and Street Addresses of Each Officer Name of Officers		St	treet Address of Each	n .		
Title(s)	and/or Directors		3 0	Officer and/or Director		City / State / Zip	
PV	MARSHALL, DONALD L.		5315 WILEY SCOTT RD			JAY FL	
S	NANCY MARSHALL		5315 WILEY SCOTT RD			JAY FL	
T MARSHALL, CHRISTOPHER L			5311 WILEY SCOTT RD			JAY FL	
			+		3	3000038908932 -03/21/0101080022 -****300.00 *****300.00	
							M
Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
MARSHALL, DONALD L. 5315 WILEY SCOTT ROAD JAY FL 32565				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
				0. I, being ignature of egistered	appointed the redistered agent of the Agent	ed Li	poration, am familiar w
1. I certify	that I am an officer or director or the re			e this application as n	provided for in cha	opter 607 or 617 F.S. Liturther c	certify that when filing

. Locality 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.

Monald I, Marshall

DONALD L. MARSHALL 1-18-01850-675-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Pall

D & M Drilling Fluids, Inc. P O Box 579 Jay, FL 32565

DIVISION OF CORPORATIONS Annual Report/Reinstatement Section P O Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

Please accept my apology for the enclosed application being filed late. The notice was placed in a wrong box at our local post office and the lady has just hand delivered it to me. I, too have received lots of wrong boxed mail this year and once again I have called it to the Postmaster's attention. Regardless, I would like for my corporation to remain on an active status.

Please reinstate my corporation to an active status. I have enclosed and signed the reinstatement form as directed by my phone inquiry earlier today.

Also, in the future, I will do better to file in a timely manner, or to call should I not receive the form.

Sincerely,

Donald Marshall,

Honald Marshal

President

January 18, 2001