

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -4 PM 3: 32

RECEIVED IN STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G44087**

1. Corporation Name

D&M Drilling Fluids, Inc

2. Principal Office Address

5212 Oil Plant Road

3. Mailing Office Address

P.O. Box 579

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jay, Florida

City & State

Jay, Florida

Zip

32565

Country

USA

Zip

32565

Country

usa

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/3/83

5. FEI Number

59-2263068

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 03-07

7. Name and Address of Current Registered Agent

Name

Donald Marshall

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

5212 Oil Plant Road

Suite, Apt. #, Etc.

City

Jay

State

FL

Zip Code

32565

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 **4/2/07**

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
Pres.	Donald Marshall	5212 Oil Plant Road	Jay, Florida 32565
	<i>[Signature]</i>		

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:

Donald Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

850-675-4157

Daytime Phone #

CR2E081 (10/02)