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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CO	RPORATION	Secret	ARTMENT OF STATE tary of State		03 FEB	FILED B 21 PM 5: (	
DOCUMENT # K38144  1. Corporation Name					SPONETÁNY OF STATE TALLAHASSLE, FLORF A		
Soli	lid Surface Fabrications, I	nc					
			Office Address DX 3096		193 01	061 001	950
Suite, Apt. #, etc. Suite, Apt. i			f, etc.		Incorporated or Qualified		
City & State Jacks	sonville, FL	City & State  Jacksonville,	, FL	5. FEI Numbe	Applied For		Applied For
<sup>Zip</sup> 32206	Country USA	<sup>Zip</sup> 32206	Country	6.	35547 OF STATUS DE	SIRED S8.75 Additor a Cer	Not Applicable itional Fee require tificate of Status
	7. Name and Address of Current Registered Agent						
•	Name David Smith						
	Street Address (P.O. Box Number is No	ot Acceptable) 1202	5 Silver Oak Drive	<del></del>			
	Suite, Apt. #, Etc.	···	<u> </u>				
	<sup>City</sup> Jacksonville			-		p Code 2223	
8. I, being Signature o Registered	1 X KhuhlOX	Date					
9. Names	s and Street Addresses of Each Officer and			est 3 directors)		<u> </u>	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
PD	David Smith	1303	13035 Silver Oak Drive		Jacksonville, FL 32223		
DVP	Adelaida V. Smith	1303	13035 Silver Oak Drive		Jacksonvi	ille, FL 32223	
	•						
		02-03 UI			no 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NOME OF SIGNING OFFICER OR DIRECTOR

02/19/03

904-791-9495

Date

Daytime Phone #

TO: 18502456017

P:2/4

CUKIAN

By Dupont

DATE WI

## Solid Surface

Fabrications, Inc

P O Box 3096, Jacksonville, FL 32206 FOUNTAIN HEAD-AVONITE GILBRALTAR - SURRELL - PIONITE - SWANSTONE

February 19, 2003

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> Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: REINSTATEMENT OF SOLID SURFACE FABRICATIONS, INC.

(FEIN: 59-2935547)

Dear Ms. Milligan:

The purpose of this letter is to request waiver of the \$600.00 Reinstatement Fee charged by the Department of State. The information on the website shows that the 2002 Annual Report was sent to 1940 MLK Jr. Parkway, Jacksonville, FL. Our address is 1940 Haines Street. As a result we never received the report forms and would like to receive a refund of the Reinstatement Fee.

I am resending the Reinstatement form with the signature of the registered agent pursuant to our conversation.

If you have any questions, please feel free to call me at (904) 388-5700. Thank you for your consideration.

Sincerely,

SOLID SURFACE FABRICATIONS, INC.

Deborah B. Yackson

Bookkeeper

Enclosure