

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAY 23 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000029983

1. Entity Name
ACM FABRICATION, INC.



Principal Place of Business
2537 S.E. 17TH STREET
OCALA, FL 34471

Mailing Address
2537 S.E. 17TH STREET
OCALA, FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022005

REIN-P

CR2E098 (6/04)

04-05

4. FEI Number
05-0558768

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMP, DENNIS D ESQ.
2537 S.E. 17TH STREET
OCALA, FL 34471

Name Dennis D. CAMP,
Street Address (P.O. Box Number is Not Acceptable)
351 N.E. 8th Avenue

City Ocala

FL

Zip Code 34470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/5/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ARNOLD, STEPHANIE A
STREET ADDRESS 221 N.W. 133RD CT.
CITY - ST - ZIP OCALA, FL 34482

TITLE ☐ Change ☐ Addition
NAME 300055857213
STREET ADDRESS 06/07/05--01054--006 **300.00
CITY - ST - ZIP

TITLE VST ☐ Delete
NAME ARNOLD, CARL F
STREET ADDRESS 221 N.W. 133RD COURT
CITY - ST - ZIP OCALA, FL 34482

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephanie A. Arnold President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-05 352-427-9000
Date Daytime Phone #