

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000157362

**FILED**  
**Oct 10, 2005**  
**Secretary of State**

**Entity Name:** INDUSTRIAL MAINTENANCE & FABRICATION, INC.

**Current Principal Place of Business:**

24347 COUNTY ROAD 561  
ASTATULA, FL 34705

**New Principal Place of Business:**

24347 COUNTY ROAD 561  
ASTATULA, FL 34705 US

**Current Mailing Address:**

24347 COUNTY ROAD 561  
ASTATULA, FL 34705

**New Mailing Address:**

24347 COUNTY ROAD 561  
ASTATULA, FL 34705 US

**FEI Number:** 59-3473029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKANK, SHARON  
24347 COUNTY ROAD 561  
ASTATULA, FL 34705 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** SHARON SKANK

Electronic Signature of Registered Agent

Date

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** SKANK, SHARON  
**Address:** 24347 COUNTY ROAD 561  
**City-St-Zip:** ASTATULA, FL 34705

**Title:** VD ( ) Delete  
**Name:** SKANK, JAMES  
**Address:** 24347 COUNTY ROAD 561  
**City-St-Zip:** ASTATULA, FL 34705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** SKANK, SHARON  
**Address:** 24347 COUNTY ROAD 561  
**City-St-Zip:** ASTATULA, FL 34705 US

**Title:** VD (X) Change ( ) Addition  
**Name:** SKANK, JAMES  
**Address:** 24347 COUNTY ROAD 561  
**City-St-Zip:** ASTATULA, FL 34705 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SHARON SKANK

Electronic Signature of Signing Officer or Director

PD

10/10/2005

Date