

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