

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 APR -2 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P35186

1. Corporation Name

LLOYD W. AUBRY CO. INC.

2. Principal Office Address

2148 DUNN RD

Suite, Apt. #, etc.

City & State

HAYWARD, CA

Zip

94545

Country

USA

3. Mailing Office Address

PO BOX 55426

Suite, Apt. #, etc.

City & State

HAYWARD, CA

Zip

94545

Country

USA

W04-8965

**REINSTATEMENT**

01-04

4. Date Incorporated or Qualified  
To Do Business in Florida 8/19/1991

5. FEI Number

94-1538980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 S PINE ISLAND ROAD

Suite, Apt. #, Etc.

City  
PLANTATION

State  
FL

Zip Code  
33324

200029898442  
03/04/04-01058-016 \*\*1200.00

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

*Menda White*

REGISTERED AGENT MUST SIGN

Date

*March 22, 2004*

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
D/P	ROBERT J BUTLER	2148 DUNN RD	HAYWARD, CA 94545
DVP	THOMAS A KELLY	2148 DUNN RD	HAYWARD, CA 94545
DVP	JOHN JAY BUTLER	2148 DUNN RD	HAYWARD, CA 94545
D	ELIZABETH C KELLY	2148 DUNN RD	HAYWARD, CA 94545
D	DIANE R BUTLER	2148 DUNN RD	HAYWARD, CA 94545

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:

*John Jay Butler* John Jay Butler

2/26/04

Date

510-732-7038

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

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