	_ PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham							
, ,	ATEMENT		Secretary of S			u rb	
DOCUMENT #443000917					FILED		
1. Corporation Name DEHLERKING AND DECEL, INC.					98 AUG 20 PM 12: 17		
					SEURETT TALLAHA	SKE OF STATE SSEE, FLORIDA	
Principal Place	of Business	Mailing Addre		W 60+ Are			
00	05 S.W. 60th A LALA, FL 34475	ve	OCALA,	A 34475			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					A. Data bears acted as Qualified		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. Date Incorporated or Qualified To Do Business in Florida 6 / 11/93		
City & State City & State				5. FEI Number Applied For Not Applicable			
Zφ	Country	Zip	Country	<u> </u>	6. CERTIFICATE		dditional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Title(s) Name of Officers Officer and/or Director Officer and/or Director Officer and/or Director							
Title(s) 2 and/or Directors P, VP/T/ MICHAEL W. OFHLERKIA		RKING-	3 (Do NOT Use Post Office			City / State /	
s/D						OCALA, FL	
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	REI				NSTATEMENT WORK		
				40000262 5 244 -08/26/38 0 1036004			" - •h]
	8. Name and Address of Current	Registered Agen	it		9. Name and A	ddress of New Registered Agen	J
MICHAEL W. OEHLERKING- Street Address (P					O. Box Number is Not Acceptable)		
4805 S.W. 60+ AVE					O. Box Number is Not Acceptable)		
O CALA, F. 34475					State Zip Code		
10. I, being appointed the registered agents above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature of Registered Agent Agent Agent Must sign							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on Inflangible tax.)							
12.1 certify that I am an officer or director or the teceiver 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.							
SIGNATUR	RE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SHE	GNING OFFICER OR DI	IRECTOR	8/1	8/98 (352)	873-3922 Phono#

BRIAN D. LAMBERT ATTORNEY-AT-LAW 500 N. E. 8TH AVE. OCALA, FL 34470

BOARD CERTIFIED CIVIL TRIAL LAWYER

(352) 629-5551 FAX (352) 629-4133

August 18, 1998

State of Florida, Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

SENT BY FEDERAL EXPRESS

Re: Oehlerking & Ozcel, Inc.

Dear Sir/Madam:

Enclosed please find the original Application for Reinstatement of the administratively dissolved Florida Corporation known as Oehlerking & Ozcel, Inc. The Articles of Incorporation were filed with your office on June 11, 1993 and assigned document number P93000041726. This for profit corporation was dissolved in 1996.

I am enclosing a check payable to the Department of State in the amount of \$1,050.00 which I understand to be the reinstatement fee for a profit corporation dissolved in calendar year 1996. I am also enclosing a separate check payable to the Department of State in the amount of \$8.75 as we would request that a Certificate of Status be issued when Oehlerking & Ozcel, Inc. is reinstated.

Please send the Certificate of Status to Brian D. Lambert, Esquire, 500 N.E. Eighth Avenue, Ocala, Florida 34470. Michael Oehlerking, the President of this corporation, is also signing this cover letter requesting that the Certificate of Status be mailed to the undersigned.

If you have any questions, please let me know.

Brian D. Lambert

BDL: jc

I authorize transmittal of the Certificate of Corporate Status to Brian D. Lambert.

Michael W. Oehlerking