

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 14 AM 11:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000081820

1. Corporation Name

MANDAL PIPE COMPANY

2. Principal Office Address

656 Indian Trail -

Lilburn Road - 3007
Suite, Apt. #, etc.

Suite 210

City & State

Lilburn, GA

Zip

30047-6872

Country

USA

3. Mailing Office Address

3683 Crown Point Road

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

32257

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/08/94

5. FEI Number

59-3278793

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

Sylvia D. Weber

Street Address (P.O. Box Number is Not Acceptable)

3683 Crown Point Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

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

Sylvia D. Weber

Date 12/6/00

REGISTERED AGENT MUST SIGN

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
PD	Buckland, William E.	656 Indian Trail Road, #210	Lilburn, GA 30047-6872
ST	Buckland, Betsy	656 Indian Trail Road, #210	Lilburn, GA 30047-6872

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 taxes 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Betsy S. Buckland

Betsy S. Buckland

12-11-00

770-925-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #