

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

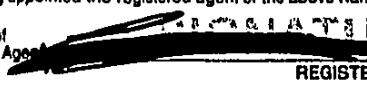
<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>  <b>Sandra B. Northam</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT #</b> <b>P94000082611</b>		
1. Corporation Name <b>DOWLING'S WELDING &amp; FABRICATION, INC.</b>		

Principal Place of Business 1108 WINDSOR LN KEY WEST FL 33040	Mailing Address 1108 WINDSOR LN KEY WEST FL 33040
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.
City & State	City & State
Zip	Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2 <b>DOWLING, EDGAR T JR.</b>	<b>1108 WINDSOR LN</b>	<b>KEY WEST FL 33040</b>
2	<b>DOWLING, PATRICIA G</b>	<b>1108 WINDSOR LN</b>	<b>KEY WEST FL 33040</b>
3	<b>DOWLING, EDGAR T SR.</b>	<b>1108 WINDSOR LN</b>	<b>KEY WEST FL</b>

8. Name and Address of Current Registered Agent <b>DOWLING, EDGAR T JR.</b> 1108 WINDSOR LN KEY WEST FL 33040	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent  <b>REGISTERED AGENT MUST SIGN</b>
Date <b>11-27-96</b>

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(See other side for information on intangible tax)

12. 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.
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SIGNATURE:  <b>EDGART DOWLING JR</b>	11-27-96	305-294-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Daytime Phone #	Evening Phone #	