

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000 B2611

1. Corporation Name

Dowling's Welding & Fabrication, Inc.

2. Principal Office Address

25 TAMARIND DR

Suite, Apt. #, etc.

City & State

KEY WEST FL

Zip

33040

Country

USA

3. Mailing Office Address

25 TAMARIND DR

Suite, Apt. #, etc.

City & State

KEY WEST FL

Zip

33040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-1995

5. FEI Number

65-0546221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 3-04

7. Name and Address of Current Registered Agent

Name

Dowling, Edgar T. Jr.

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

25 Tamarind Dr.

Suite, Apt. #, Etc.

City

Key West

300035261073

05/03/04--01053--033 **908 75

State

FL

Zip Code

33040

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

Date 04.28.04

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
Pres.	Edgar T. Dowling Jr.	25 Tamarind Dr.	Key West FL 33040
Treas. Sec.	Patricia G. Dowling	25 Tamarind Dr.	Key West FL 33040

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia G. Dowling

04.28.04 (305) 797-0186

Date

Daytime Phone #

CR2E081 (01/04)

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