

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045819

1. Corporation Name

HIGDON WELDING & FABRICATION, INC.

Principal Place of Business

Mailing Address

11643 103RD STREET
BALDWIN FL 32234

P.O. BOX 183
BALDWIN FL 32234

REINSTATEMENT

03

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3450448

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HIGDON, DEBRA J	5476 LONGBRANCH ROAD	BALDWIN FL 32234
D	HIGDON, MARTIN L	5476 LONGBRANCH ROAD	BALDWIN FL 32234
D	HIGDON, MARTIN LEE	305 HIGDON ROAD	BALDWIN FL 32234

000023752930

10/13/03--01078--010 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BASFORD, MICHAEL
24 N. MARKET STREET
SUITE 404
JACKSONVILLE FL 32202

Name

Debra J. Higdon

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

5476 Longbranch Rd.

Suite, Apt. #, Etc.

City

Baldwin

State

FL

Zip Code

32234

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. or 617.0505, F.S.

Signature of
Registered Agent

Debra J. Higdon
REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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:

Debra J. Higdon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03
Date

(904) 289-4780
Daytime Phone #

CR2E040 (7/03)