PLEASE READ ALL I	NSTRUCTIONS	KEEDBE C.	1N/1. t. ti	la ciru	
	ORIDA DEPARTMEN Sandra B. Mort	IT OF STATE	J.VII	* **	// ///////////////////////////////////
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS				FILED	
DOCUMENT # 9970,000 (65187)				99 JAN 19 PM 4:07	
1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Volusia County Metal Fab	ricators, Inc			IALLANASSI	tt. FLORIDA
Principal Place of Business Mailing Address			•		•
	Skyway Drive, t water, FL321	#8 R	INST	ATEMENT	98a
If above addresses are incorrect in any way, line through Inco	orrect information and enter of Mailing Office Address, If A	correction below.		orated or Qualified	
			oss in Florida	0-97	
Suite, Apt. #, etc. 341 Skyway Drive, F2 City & State Suite, Apt. #, etc. 341 Skyway Drive City & State City & State		,#8	5. FEI Number	9-3459078	Applied For
Edgewater, FL Edgewater, FL		,	6.	\$8.75	Not Applicable Additional Fee required
32132 OSA 3	45146	USA			a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Direct Name of Officers	Stre	et Address of Each	3 directors)		
Title(s) Name of Officers and/or Directors		cer and/or Director e Post Office Box Nu	mbers)	City / State	/ Zip
P James EmcMullen	2584 Suns	et Drive	- <u>-</u>	New Smyrna Beach,	FL 32170
VTS John C Meikle	le 865 Hanover K			Deland, FL327	24
	-		· · · · · · · · · · · · · · · · · · ·		18870 01038004
			· · ·	****1517.5U 100002751	*****758.75 8978
				-01/22/39 -1 ****300.00	01090 -003 ****150.00
Name and Address of Current Registered Agent			9. Name and A	Address of New Registered Ag	ent
	Name James Emc Mullen				
James E McMullen 2519 McMullen Booth Road		Street Address (P.O. Box Number is Not Acceptable) 34(Skyway Prive			
Suite 510 Suite 510			#8		
· Clearwater, FL34631 Edge			water State Zip Code FL 32132		
10. If being appointed the registered agent of the above name Signature of	d corporation, am familiar wit		gations of Secti	on 607.0505, F.S.	38138-
Registered Agent	ED AGENT MUST SIGN	3 . 2		Date	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or tru this reinstatement application, the reason for dissolution ha owed by the corporation have been paid and the names of on this application is true and accurate, and my signature s	stee empowered to execute to see eliminated, the corpor individuals listed on this form	this application as pro rate name satisfies th n do not qualify for ar	ovided for in cha le requirements a exemption und	of section 607-0401 or 617-0401	1, F.S., that all fees

1-11-49 Date

904-428-1009 Daytime Phone #

SIGNATURE: (V. C. MEIKLE)
SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR