

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 NOV 20 AM 10: 52	
DOCUMENT # P97000085696					
1. Corporation Name INDUSTRIAL MAINTENANCE & FABRICATION, INC.					
Principal Place of Business 28625 LAKE INDUSTRIAL BLVD. TAVARES FL 32778		Mailing Address 28625 LAKE INDUSTRIAL BLVD. TAVARES FL 32778			
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		REINSTATEMENT 00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/16/1997	
City & State		City & State		5. FEI Number 59-3473029	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)					
1	2	3	4		
1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	City / State / Zip	
PSTD	SKANK, SHARON	28625 LAKE INDUSTRIAL BLVD.	TAVARES FL 32778		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
SKANK, SHARON 28625 LAKE INDUSTRIAL BLVD. TAVARES FL 32778			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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		SIGNATURE REQUIRED		Date 11-14-00	
REGISTERED AGENT MUST SIGN					
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sharon Skank		Date 10-24-00 352-742-7255	