PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR BEINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000000804**

1. Corporation Name

SMITH'S NDT SERVICES INC.

Principal Place of Business

Mailing Address

8295 N. PALAFOX ST

P O BOX 7069

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FILED

OI DEC 28 PM 2: 00

SECRETARY OF STATE TABLAHASSEE FEORIDA



| PENSACOL | A FL 32534 | | PENSACOLA FL 32534-0069 | | | | 3 (486) 000 (400 (486) 1000) 0500 0500 0500 0500 0500 0500 05 | | | |
|---|-----------------------------------|---------------------------------|-------------------------|---|----------------------------------|--|---|--|------------------------|--|
| If above a | addresses are | incorrect in any way line th | ough incorrect in | nformation a | and enter co | orrection below | EINST | ATEMENT_ | | |
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail | | | | | ng Office Address, If Applicable | | | 4. Date Incorporated or Qualified To Do Business in Florida | | |
| Suite, Apt. #, etc. Suite, Apt. | | | | , etc. | | | To Do Business in Florida 01/02/1998 -5FEI-Number Applied For | | | |
| City & State City & | | | | ity & State | | | 59-3489935 Not Applicable | | | |
| Zip Country | | | Zip Country | | | | 6. CERTIFICATE OF STATUS DESIRED 688.75 Additional Fee required for a Certificate of Status | | | |
| 7. Names | and Street Ac | idresses of Each Officer and | or Director (Flo | rida nonpro | fit corporati | ions must list at lea | ast 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | |
| P | SMITH, CLIFFORD D | | | 288 E. OLIVE RD #3B 8295 N. Palafox St. | | | 54 | PENSACOLA FL 32534 | | |
| D | SMITH, HELLON J | | | 288 E. OLIVE RD #3B 829 < 1) Pala fox St | | | ar St | PENSACOLA FL 32534 | | |
| | | | | | 0000047646104 | | | | | |
| | | | _ | | | | | ****750.00 * | ***750.00 | |
| | | | | | | | | f } | LS | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | | | |
| SMITH, CLIFFORD D 288 E. OLIVE RD | | | | | | Street Address (P.O. Box Number in Not/Acceptable) | | | | |
| #3-B | | | | | Suite, Apt. #, Etc. | | | | | |
| PENSACOLA FL 32534 | | | | | | City Pensacola State Zip Code FL 32534 | | | | |
| 10. I, bein | g appointed th | ne registered agent of the ab | ove named corp | oration, am | familiar wit | h and accept the o | bligations of Sec | tion 607.0505, F.S. | | |
| Signature o | of Agent | BAN . | ASTER ED 20 | | W.C | (J=5) | | Date 12/27/ | 61 | |
| this rei | nstatement ar | polication, the reason for diss | olution has been | eliminated, | the corpor | rate name satisfies | the requirement | napter 607 or 617, F.S. I further ce is of section 607.0401 or 617.0401 inder section 119.07(3)(i), F.S. The | l, F.S., that all fees | |