

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 10 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000088477**

1. Corporation Name

**APEX FABRICATION, INC.**

Principal Place of Business

Mailing Address

710 GRIFFIN COURT  
MACLENNY FL 32063

% P.O. BOX 366  
MACLENNY FL 32063-0366

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

10/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3601907

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	TREECE, JAMES KURT	5470 HIGHWAY AVENUE	JACKSONVILLE FL 32264
D	CHAPMAN, GREGORY EUGENE	5470 HIGHWAY AVENUE	JACKSONVILLE FL 32264
D	LINSLEY, JOHN W	5470 HIGHWAY AVENUE	JACKSONVILLE FL 32264
P	O'STEEN, Kirby LEE	710 GRIFFIN CT.	MACLENNY FL 32063
			<del>10/10/03--01072--003 **150.00</del>
			900023712449 10/10/03--01072--003 **150.00

8. Name and Address of Current Registered Agent

TREECE, JAMES KURT  
5470 HIGHWAY AVENUE  
JACKSONVILLE FL 32264

9. Name and Address of New Registered Agent

Name

KIRBY LEE O'STEEN

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

710 GRIFFIN CT.

Suite, Apt. #, Etc.

City

Macclenny

State

FL

Zip Code

32063

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/8/2003

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]* / Kirby Lee O'STEEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

259-4666

904-259-4666

CR2E040 (7/03)



710 Griffin Cou  
P.O. Box 366  
Macclenny, Florida

Phone 904-259-4666  
Fax 904-259-4667

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October 9, 2003

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314-6327

RE: Uniform Business Report 2003

Gentlemen,

Please accept this letter as our statement verifying that the prior Uniform Business Report notices for 2003 were not received. Please waive the reinstatement fee and accept our application for reinstatement and check for Uniform Business Report filing fee enclosed.

Sincerely,

*Kirby L. O'Steen*

Kirby L. O'Steen  
President

KLO/krb

Enclosures (2)