1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 18 AM 8:01

DOCUMENT # P99000108304

200009033672
11/15/02--01099--003 **750.00

1. Corporation Name

DEHOLM DRILLING, INC

REINSTATEMENT 01-02

5/15/01 90007 003 - 150 06

2. Principal Office Address		**3.** Mailing Office Address	
2169 TAYLOR RD		P O BOX 336	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
COTTONDALE, FL		COTTONDALE, FL	
Zip	Country	Zip	Country
32431	US	32431	US

4. Date Incorporated or Qualified To Do Business in Florida 11/29/99

5. FEI Number 60-0001282 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: JANET HAZEN

Street Address (P.O. Box Number is Not Acceptable): 2172 Morris Rd, P O BOX 336

Suite, Apt. #, Etc.:

City: COTTONDALE | State: FL | Zip Code: 32431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: See attached for Signature Date:

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LOUIS E DILMORE	2169 TAYLOR RD	COTTONDALE, FL 32431
V	THOMAS L SEAY	2169 TAYLOR RD	COTTONDALE, FL 32431
ST	ELIZABETH A DILMORE	2169 TAYLOR RD	COTTONDALE, FL 32431

10. 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: X Louis E. Dilmore 09-02-2002 985-873-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Louis E. Dilmore — Date — Daytime Phone #

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P99000108304

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108304

1. Entity Name

DEHOLM DRILLING, INC.

Principal Place of Business	Mailing Address
2169 TAYLOR RD. COTTONDALE FL 32431	2169 TAYLOR RD. COTTONDALE FL 32431

24450

05-15-019000 7 003 $150.00

DO NOT WRITE IN THIS SPACE

60-0001282

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAZEN, JANET 501 W. 19TH ST. PANAMA CITY FL 32405	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DILMORE, LOUIS E 2169 TAYLOR RD COTTONDALE FL 32431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SEAY, THOMAS L 2169 TAYLOR RD. COTTONDALE FL 32431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DILMORE, ELIZABETH A 2169 TAYLOR RD. COTTONDALE FL 32431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Apr 29, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #