APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S91413

1. Corporation Name

CLARK FABRICATION, INC.

FILED 00 OCT 20 AM II: 02 SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address 1600 HOMELAND GARFIELD ROAD P.O. BOX 137 HOMELAND FL 33847 HOMELAND FL 33847 US HS 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 11/01/1991 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3090086 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Director City / State / Zip PLANT CITY FL 2401 JIM JOHNSON ROAD DP CLARK, JAMES R. JR. 500003457705 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CLARK, JAMES R. JR. Street Address (P.O. Box Number is Not Acceptable) 2401 JIM JOHNSON ROAD PLANT CITY FL 33566 Suite, Apt. #, Etc. Zip Code City State registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the 10-16-00 Signature of Registered Agent T MUST SIGN REGISTERED AGE 11. I certify that I and 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 filling 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:

James R. Clark Jr. 10-16-00 Date Dayline Phone # 863-533-9565