

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR 27 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # v20674

1. Corporation Name
D J'S Welding Service, Inc.

Principal Place of Business Mailing Address
Route 1 Box 778
Sanderson, FL 32087-9738

REINSTATEMENT

93-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Route 1 Box 778 Suite, Apt. #, etc. Sanderson, FL City & State		3. New Mailing Office Address, If Applicable P.O. Box 1523 Suite, Apt. #, etc. Macclenny, FL 32063 City & State		4. Date Incorporated or Qualified To Do Business in Florida 3/11/92	
5. FEI Number 59-3103398		Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 32087	Country Baker	Zip 32063	Country Baker		

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Jeffrey D. Conner	Route 1 Box 778	Sanderson, FL 32087
VP	Della L. Conner	Route 1 Box 778	Sanderson, FL 32087

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***1418.75 ***1418.75

8. Name and Address of Current Registered Agent Della Conner Route 1 Box 778 Sanderson, FL 32087-9738		9. Name and Address of New Registered Agent Name Della Conner Street Address (P.O. Box Number is Not Acceptable) Route 1 Box 778 Suite, Apt. #, Etc. City Sanderson State FL Zip Code 32087	
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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: Della Conner Date: 3/25/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Della Conner 3/24, 1997 (904) 259-5163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)