APPLICATION FOR REINSTATEMENT

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

FILED
97 APR -7 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 515652

1. Corporation Name: Weldco, Inc.

Principal Place of Business: 8085 N.W. 90th Str. Miami FL 33166

Mailing Address: 4545 Fuller Dr Suite 200 Irving, TX 75038

REINSTATEMENT 96-97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: Nov 93

5. FEI Number: 59-1098347 — Applied For / Not Applicable

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)

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)	City / State / Zip
C	Jeffrey S. Ellis	4545 Fuller Drive	Irving TX 75038
S/T/D	John Olsen	" "	" "
VP/D	David Andrew	8085 N.W. 90th Str.	Miami FL 33166
VP/D	Dick Mahoney	" "	" "
D	Ted Toyama	4545 Fuller Drive	Irving TX 75038
P	Mike Rohde	" "	" "

000002136190 -- 2
-04/08/97--01040--017
****500.00 ****500.00

000002136190 -- 2
-04/08/97--01040--018
****375.00 ****375.00

000002136190 -- 2
-04/08/97--01040--016
******8.75 ******8.75

VB 4-7-97

8. Name and Address of Current Registered Agent

Louis T. Steele
2618 N.W. 103 St.
Miami FL 33147

9. Name and Address of New Registered Agent

Name: David Andrew
Street Address (P.O. Box Number is Not Acceptable): 8085 N.W. 90th St.
Suite, Apt. #, Etc.:
City: Miami — State: FL — Zip Code: 33166

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: [signature] — REGISTERED AGENT MUST SIGN — Date: 4-3-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the incoporator 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., and that all fees owed by the corporation have been paid. 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] John Olsen Secretary — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-3-97 — Daytime Phone #: 972-650-1700