


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 12 JUN -5 PM 1:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F06000000218
 1. Corporation Name
 Somerset Welding & Steel, Inc.

2. Principal Office Address - No P.O. Box # 10558 Somerset Pike		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Somerset, PA		City & State	
Zip 15501	Country USA	Zip	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **PA**

5. FEI Number **25-1212852** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporate Access, Inc.

Street Address (P.O. Box Number is Not Acceptable)
236 E. 6th Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32303

200235897552
 06/05/12--01001--015 **1500.00

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 *Day* Date _____
 REGISTERED AGENT MUST SIGN

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
President/ Board Member	S. William Riggs	10558 Somerset Pike	Somerset, PA 15501
Board	C. Daniel Riggs	2478 Lincoln Highway	Stoystown, PA 15563
Board	Harold E. Walker	2478 Lincoln Highway	Stoystown, PA 15563
Board	William B. Friedline	2478 Lincoln Highway	Stoystown, PA 15563
Vice-President	Gerald A. Johnson	10558 Somerset Pike	Somerset, PA 15501
Treasurer	David F. Lowry	2478 Lincoln Highway	Stoystown, PA 15563

10. E-mail Address: *dfl@leeci.com*
 (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *William B. Friedline* *William B. Friedline* **6/4/12 (814-629-2170)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

6-1-12