


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 192670

1. Corporation Name
ALPHA WELDING SERVICE, INC

2. Principal Office Address <u>1011 MALTBY AVE</u>		3. Mailing Office Address <u>1011 MALTBY AVE</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>ORLANDO, FL</u>		City & State <u>ORLANDO, FL</u>	
Zip <u>32803</u>	Country <u>US</u>	Zip <u>32803</u>	Country <u>US</u>

REINSTATEMENT 95-02

4. Date Incorporated or Qualified To Do Business in Florida <u>9-17-87</u>	
5. FEI Number <u>59-2849171</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>JODY BARKER</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1011 MALTBY AVE</u>	
Suite, Apt. #, Etc. <u>N/A</u>	
City <u>ORLANDO</u>	State <u>FL</u>
Zip Code <u>32803</u>	

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 Jody Barker Date 1-29-02

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
<u>(P.) DIRECTOR</u>	<u>JODY BARKER</u>	<u>1011 MALTBY AVE</u>	<u>ORLANDO, FL, 32803</u>

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: Jody Barker Date 1-29-02 Daytime Phone # (407) 896-4222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)