


06/24/2008 TUE 10:42 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P0000098521</b> 1. Corporation Name <b>NELSON MACHINE SHOP &amp; WELDING, INC.</b>			
2. Principal Office Address - No P.O. Box # <b>13990 NW 22 AVE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>13990 NW 22 AVE</b> Suite, Apt. #, etc.	
City & State <b>OPALOCKA, FL</b>		City & State <b>OPALOCKA, FL</b>	
Zip <b>33054</b>	Country <b>US</b>	Zip <b>33054</b>	Country <b>US</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>10/19/2000</b>		5. FEI Number <b>651050890</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name <b>MARIUXI SALAZAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>13990 NW 22 AVE</b> Suite, Apt. #, Etc.		<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City <b>OPALOCKA,</b>		State <b>FL</b>	Zip Code <b>33054</b>
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: <i>M. Salazar</i> <b>MARIUXI SALAZAR</b> Date: <b>06/24/2008</b> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MARIUXI SALAZAR	13990 NW 22 AVE	OPALOCKA, FL 33054
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 contained in Chapter 119, 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: <i>M. Salazar</i> <b>MARIUXI SALAZAR</b>		Date: <b>06/24/2008</b>	Daytime Phone #: <b>305-</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED  
2008 JUN 24 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
CRZE001 (12/07) 07/08

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Division of Corporations

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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

NELSON MACHINE SHOP & WELDING, INC.

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