


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 20 10 10
SECRET
TALLAHASSEE, FLORIDA

WD6 00000105

DOCUMENT # **P01000113995**

1. Corporation Name **AMERIFAB INTERNATIONAL INC**
6146 US HWY 301 N.
ELLENTON, FL 34222

Handwritten initials

REINSTATEMENT 04-06
CR2E081 (9/05)

WOP

2. Principal Office Address
6146 US HWY 301 N
Suite, Apt. #, etc.

3. Mailing Office Address
same
Suite, Apt. #, etc.

City & State
ELLENTON

Zip Country
FL 34222

4. Date Incorporated or Qualified To Do Business in Florida **P01000113995**

5. FEI Number **65-1156451** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED Additional Fee applies for a Certificate of Status

7. Name and Address of Current Registered Agent

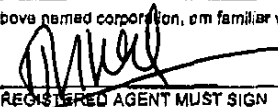
Name **SHAH KALPESH**

Street Address (P.O. Box Number is Not Acceptable)
6146 US HWY 301 N.

City **ELLENTON** State **FL** Zip Code **34222**

600062707678
01/05/06--01009--007 **10.00

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  Date **12/29/05**


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
Pres	LALIT PATEL	8032 WARWICK GARDEN UNIVERSITY PARK FL-34201	
V-P	KALPESH SHAH	6233 MACAW GLEN	BRENTON FL 34202

600065013838
02/01/06--01089--013 **150.00

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:  Date **12/29/05** Daytime Phone # **941-721-4155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002

**AMERIFAB INTERNATIONAL INC
6146,US HWY 301N
ELLENTON FL-34222
941-721-4155**

DATE:-DEC 29,2005

TO,
DIVISION OF CORPORATION
2661,EXECUTIVE CENTRE CIRCLE
TALLAHASSEE
FL-32301

SUB:- CORPORATION ANNUAL FEE

DEAR SIR,

DUE TO WRONG POSTAL ADDRESS,WE COULD NOT GET YOUR RENEWAL NOTICE,HENCE WE ARE ENCLOSING HEREWITH CHEQUE FOR \$300.00 FOR RENEWAL UP TO 2005.

WE ASSURE IN FUTURE WE WILL NOT REPEAT THE SAME.

THANKING YOU

YOURS TRULY


KALPESH SHAH