


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 23 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000087127
1. Corporation Name
ANOTHER WELDING COMPANY INC.

2. Principal Office Address <u>8119 CRESPI BLVD.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>8119 CRESPI BLVD.</u> Suite, Apt. #, etc.	
City & State <u>MIAMI BEACH, FL.</u>		City & State <u>MIAMI BEACH, FL.</u>	
Zip <u>33141</u>	Country <u>USA</u>	Zip <u>33141</u>	Country <u>USA</u>

05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 06-03-2004

5. FEI Number 20-1149965 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name JORGE NELSON BARRIONUEVO

Street Address (P.O. Box Number is Not Acceptable)
8119 CRESPI BLVD.

Suite, Apt. #, Etc.

City MIAMI BEACH State FL Zip Code 33141

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 [Signature] Date 10-17-2006

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</u>	<u>JORGE N. BARRIONUEVO</u>	<u>8119 CRESPI BLVD</u>	<u>MIAMI BEACH, FL. 33141</u>

JP 10/26

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10/23/06--01047--011 **300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: [Signature] Date 10-17-2006 Daytime Phone # (786)2948971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANOTHER WELDING COMPANY ,INC.

8119 Crespi Bvar.
Miami Beach, Fl. 33141

September 30,2006

Florida Department of State
Division of Corporations
Tallahassee, Fl.32314

Attn : Reinstatement Section

Re: P04000087127

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our applications for reinstatement along with the necessary Filing fees for a profit corporation. As we stated in the phone conversation, we moved our offices and thus never received our UBR reports. We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,



Jorge Nelson Barrionuevo

President