

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 458955 1. Entity Name MANDALAY WELDING, INC.					
Principal Place of Business 10220 NEW KINGS RD JACKSONVILLE, FL 32219			Mailing Address 10220 NEW KINGS RD JACKSONVILLE, FL 32219		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1551205	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent YAKE, LEILA M 10220 NEW KINGS RD JACKSONVILLE, FL 32219				7. Name and Address of New Registered Agent Name YAKE, Curtis O. Street Address (P.O. Box Number is Not Acceptable) 10220 New Kings Rd. City Jacksonville FL Zip Code 32219	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Curtis O. Yake</i> DATE 10-12-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAKE, LEILA MARIE 10224 U.S. HIGHWAY NO.1, NORTH JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAKE, DAVID A 10224 U.S. HIGHWAY NO.1, NORTH JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YAKE, DAVID D 10224 U.S. HIGHWAY NO.1, NORTH JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YAKE, CURTIS O 10220 NEW KINGS RD JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, ABIGAIL M 5560 SWALLOW FORK DR CALLAHAN, FL 32011	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Abigail Carter</i> DATE: 10/12/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					

FILED

04 OCT 28 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



10082004 REIN-P CR2E098 (6/04)

4. FEI Number
59-1551205

5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name YAKE, Curtis O.
 Street Address (P.O. Box Number is Not Acceptable) 10220 New Kings Rd.
 City Jacksonville FL Zip Code 32219

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Curtis O. Yake* DATE **10-12-04**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YAKE, LEILA MARIE	
STREET ADDRESS	10224 U.S. HIGHWAY NO.1, NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE	P	<input type="checkbox"/> Delete
NAME	YAKE, DAVID A	
STREET ADDRESS	10224 U.S. HIGHWAY NO.1, NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE	V	<input type="checkbox"/> Delete
NAME	YAKE, DAVID D	
STREET ADDRESS	10224 U.S. HIGHWAY NO.1, NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE	T	<input type="checkbox"/> Delete
NAME	YAKE, CURTIS O	
STREET ADDRESS	10220 NEW KINGS RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARTER, ABIGAIL M	
STREET ADDRESS	5560 SWALLOW FORK DR	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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