

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 22 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700000006440

**1. Corporation Name**

Ohio Welded Company

**2. Principal Office Address**  
50 Beale Street  
San Francisco CA 94105

**3. Mailing Office Address** SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
San Francisco CA

**City & State**

**Zip**  
94105

**Country**

**Zip**

**Country**

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

11/17/2000

**5. FEI Number**  
38-1810693

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name** CT Corporation System

**Street Address (P.O. Box Number is Not Acceptable)**

1200 South Pine Island Road

**Suite, Apt. #, Etc.**

**City**

Plantation FL 33324

**State**  
FL

**Zip Code**  
33324

**REINSTATEMENT**

**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**

**Gil S. Apelis, Asst. Secretary**

REGISTERED AGENT MUST SIGN

**Date** 4-8-2002

**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
PD	Thiele, M L	3000 Post Oak Blvd.	Houston, TX 77056
VP	Girkins, D R	26933 Eckel Road	Perrysburg, OH 43551
S	Wollen, W F	50 Beale Street	San Francisco, CA 94105
T	Booth, S W	50 Beale Street	San Francisco, CA 94105
CD	Zaccaria, Adrian	50 Beale Street	San Francisco, CA 94105
D	Proctor, G C	50 Beale Street	San Francisco, CA 94105

**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:**

David R Girkins

4-03-2002

419-874-3548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)