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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

04 NOV 22 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600043127936
12/02/04--01035--009 **150.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G 62844**

1. Corporation Name
ORAMAS & Lebbad Welding Corp.

| | | | |
|---|-----------------------|--|-----------------------|
| 2. Principal Office Address 601 W 27 ST | | 3. Mailing Office Address same | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State HLA FLA | | City & State | |
| Zip 33010 | Country USA | Zip 33010 | Country USA |

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **592340022** 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
Caridad Lebbad

Street Address (P.O. Box Number is Not Acceptable)
19447 NW 28 PL

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33056

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 **Caridad Lebbad** Date **11-18-04**

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 |
|--------|-----------------------------------|--|--------------------|
| P | SAMI Lebbad | 19447 NW 28 PL | MI FL 33056 |
| V/P | SATURNINO ORAMAS | 19463 NW 29 ST | MI FL 33056 |
| T | CIRA F ORAMAS | 19463 NW 29 ST | MI FL 33056 |
| S | CARIDAD Lebbad | 19447 NW 28 PL | MI FL 33056 |
| | | | |
| | | | |

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)(l), 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: **Sami Lebbad** Date **11-18-04** (305) 887-8281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)

11-18-2004

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From: ORAMAS & Lebbad
Welding Corp
601 W 27ST
Hlk Fl 33010

Ref. # G62844

FEI # 592340022

I am certifying, we didn't
receive the prior notices.

Sincerely.

Sami Lebbad

Sami Lebbad President