

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 19 PM 2:51

DOCUMENT # G 76088

1. Corporation Name

DANG'S WELDING SHOP, INC.

2. Principal Office Address

2251 17th ST.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34234

Country

USA

3. Mailing Office Address

2251 17th ST.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34234

Country

USA

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/83

5. FEI Number

59-2540115

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

SUCHART SARIYA

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

6325 CANARY ST.

Suite, Apt. #, Etc.

NA

City

SARASOTA

State

FL

Zip Code

34242

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

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	SUCHART SARIYA	6325 CANARY ST.	SARASOTA, FL 34242
SECRET	OB L RAT SARIYA	6325 CANARY ST	SARASOTA FL 34242

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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 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:

D. Suchart Sariya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-06 941-366-3914

Date

Daytime Phone #

B. Mitchell JUN 20 2006