

2008 FOR PROFIT CORPORATION REINSTATEMENT

pg 1 of 2

DOCUMENT # J20875

1. Entity Name
F & J GENERAL WELDING, INC.



FILED
08 NOV 10 PM 3:04

DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1038 NW 135TH CT
MIAMI, FL 33182**

Mailing Address
**1038 NW 135TH CT
MIAMI, FL 33182**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



REINSTATEMENT

CR2E098 (1/07)

4. FEI Number
59-2680093

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

6. Name and Address of Current Registered Agent
**AGUILERA, JAIME
1038 N.W. 135 CT
MIAMI, FL 33182**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV AGUILERA, JAIME 1038 NW 135TH CT MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUILERA, ISABEL 1038 NW 135TH CT MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11/10/08--01020--018 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

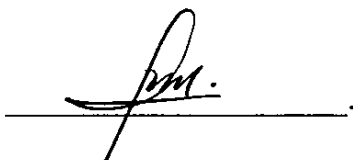
SIGNATURE: Jaime Aguiera 11/5/08
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

F& J General welding, Inc.

To: State of Florida
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

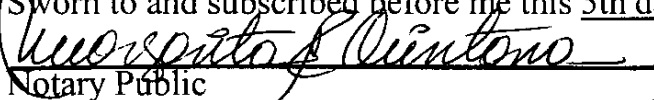
HEREBY WE CERTIFY, that we never received the forms for Annual Report for the year 2008 and on this base, we request from you, to please, waive the penalty for late filing, and enclosed please find complete form with check payable to your Order for \$150.00 corporation name F&J General Welding, Inc. Document Number J-20875

Sincerely yours,



President
Jaime Aguilera

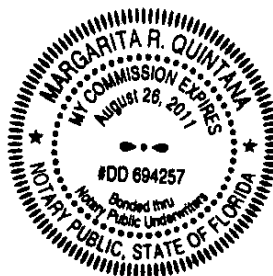
Sworn to and subscribed before me this 5th day of November, 2008



Notary Public

STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES



1038 N.W. 135TH CT.
Miami, Fl 33182