

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 18 AM 8:00

DOCUMENT # K09491

1. Corporation Name

GILMORE'S PORTABLE WELDING SERVICE, INC.

REINSTATEMENT *A3*

900024795599
11/18/03--01020--009 **750.00

2. Principal Office Address

10761 SCHWAB ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

10761 SCHWAB ROAD

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

Zip

34945

Country

USA

City & State

FT. PIERCE, FL

Zip

34945

Country

USA

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

12/28/1987

5. FEI Number

65-0022518

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

Dale E. Gilmore

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

10761 Schwab Road

Suite, Apt. #, Etc.

City

Fort Pierce

State
FL

Zip Code
34945

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

REGISTERED AGENT MUST SIGN

Date 11-11-03

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
DPT	DALE E. GILMORE	10761 SCHWAB ROAD	FT. PIERCE, FL 34945
DS	CARMEN F. GILMORE	10761 SCHWAB ROAD	FT. PIERCE, FL 34945

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: *X*

Dale E. Gilmore, Pres.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-03

CR2E081 (10/02)