

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K44809**

1. Corporation Name

SLIM'S WELDING, INC.

Principal Place of Business

Mailing Address

% DAMIAN M. SMITH
~~22506 MIDDLETOWN DR~~
~~BOCA RATON FL 33428~~

% DAMIAN M. SMITH
~~22506 MIDDLETOWN DR~~
~~BOCA RATON FL 33428~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8287 CEDAR HOLLOW LANE

3. New Mailing Office Address, If Applicable

8287 CEDAR HOLLOW LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

City & State

BOCA RATON FL

Zip

33433

Country

U.S.A.

Zip

33433

Country

U.S.A.

FILED
04 JAN 30 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04



4/4/03 01009 014 \$165.00

4. Date Incorporated or Qualified To Do Business in Florida

11/09/1988

5. FEI Number

65-0072155

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SMITH, DAMIAN M.	11080 MODEL CIRCLE E	BOCA RATON FL
M	SMITH, MARGARET, M	8287 CEDAR HOLLOW LANE	BOCA RATON FL

500027975625
01/30/04--01062--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, DAMIAN M.
~~22506 MIDDLETOWN DRIVE~~
~~BOCA RATON FL 33428~~

Name

SMITH, DAMIAN, M.

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

8287 CEDAR HOLLOW LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Damian M. Smith

REGISTERED AGENT MUST SIGN

Date

1/26/04

11. 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:

Damian M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/04

Daytime Phone #

CR2ED40 (7/03)

1/26/04

TO WHOM IT MAY CONCERN,
REASON FOR FAILURE TO
RE-INSTATE ARE AS FOLLOWS:

- A. WRONG ADDRESS ON
APPLICATION
- B. DID NOT RECIEVE ANY MAIL
FROM PRIOR ADDRESS
- C. CHANGE OF ADDRESS NOTED
ON APPLICATION
- D. PLEASE FORWARD ALL FUTURE
CORRESPONDENCE TO NOTED
ADDRESS

THANK YOU FOR
YOUR ATTENTION TO
THIS MATTER

SINCERELY,

DW5R