

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV -1 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K89958**

1. Corporation Name

**SEN WELDING SERVICES, INC.**

Principal Place of Business

% SERGIO E. NEGRIN  
1672 W 31ST PL  
HALEAH FL 33012-4506

Mailing Address

% SERGIO E. NEGRIN  
1650 W. 33 PLACE  
HALEAH FL 33012  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 96 00

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/1989

5. FEI Number

65-0119531

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	NEGRIN, SERGIO E.	1675 SW 12TH ST	MIAMI FL
VPO	DEROJAS, CARLOS M	6001 W 15 COURT 14121 Cypress Ct	HALEAH FL MIAMI LAKE, FL 33014
S	VERGEL, AMABLE R	2659 W. Okeechobee Rd #103	HALEAH, FL 33010

200001998612--2  
-11/07/96--01020--019  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

NEGRIN, SERGIO E.  
1650 W. 33 PLACE  
HALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/28/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

SERGIO E. NEGRIN

2/14/96 30-823-618