

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06  
200.00

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 APR -5 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 105000065054

1. Limited Liability Company's Name

Harry's Mobile Welding LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

13827 1st Way N  
Suite, Apt. #, etc

3. Mailing Office Address

13827 1st Way N  
Suite, Apt. #, etc

City & State

Clearwater, FL

Zip Country

33760 USA

City & State

Clearwater, FL

Zip Country

33760 USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
to Do Business in Florida

3/31/06

6. FE Number

290508949

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Harry B. DIMEO

Street Address (P.O. Box Number is Not Acceptable)  
13827 1st Way N

Suite, Apt. #, Etc

City Clearwater

State Zip Code  
FL 33760

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived

*[Signature]*

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*[Signature: Harry B. Dimeo]*  
REGISTERED AGENT MUST SIGN

Date 3/18/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State, Zip
<u>MGR.</u>	<u>Harry B. DIMEO</u>	<u>13827 1st Way N</u>	<u>Clearwater FL 33760</u>

000096495890  
04/11/07--01033--018 \*\*200.00

REINSTATEMENT 06-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application, provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information contained in this application is true and accurate, and my signature is in the same legal effect as if made under oath.

Signature of Managing Member/Manager

*[Signature: Harry B. Dimeo]*

Date 3/18/07 Daytime Phone # (727) 420-7014

Typed or printed name of signing Managing Member/Manager

Harry B. DIMEO