


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000069839	
1. Entity Name D. RICHARDSON'S ON SITE WELDING, "L.L.C."	

Principal Place of Business 671 BRYN MAWR BLVD. MARY ESTHER, FL 32569	Mailing Address 671 BRYN MAWR BLVD. MARY ESTHER, FL 32569
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09252007 REIN-LLC CR2E101 (1/07)

4. FEI Number 72-1603523	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  RICHARDSON, MARK 671 BRYN MAWR BLVD. MARY ESTHER, FL 32569
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 <u>Mark Richardson</u> MGRM DATE <u>9-26-07</u>

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, DAWN M 671 BRYN MAWR BLVD. MARY ESTHER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000110053640 09/28/07--01050--019 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, MARK R 671 BRYN MAWR BLVD. MARY ESTHER, FL 32569 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Mark Richardson</u> mark Richardson MGRM	DATE: <u>9-26-07</u>	DAYTIME PHONE: <u>850-225-7177</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

FILED  
07 OCT -9 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT