


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV 26 AM 11:58

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # L06000008909</b>  |  |  |   |                                |  |
| <b>1. Entity Name</b><br>OSBORNE WELDING, LLC   |  |  |   |   |  |
| <b>Principal Place of Business</b><br>7200 THOMPSON ROAD<br>BOYNTON BEACH, FL 33426   |  |  | <b>Mailing Address</b><br>7200 THOMPSON ROAD<br>BOYNTON BEACH, FL 33426   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |  |
| City & State  |  | City & State   |   |   |  |
| Zip   | Country  | Zip  | Country   | <b>4. FEI Number</b><br>20-4189884  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |  |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>OSBORNE, THOMAS<br>7200 THOMPSON ROAD<br>BOYNTON BEACH, FL 33426  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>  |  |  |   |   |  |
| SIGNATURE <u>See below</u> <span style="float: right;">DATE</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$238.75</b><br><b>After January 1, 2009, Fee will be \$377.50</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>OSBORNE, THOMAS<br>7200 THOMPSON ROAD<br>BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 500138182035<br>11/21/08--01037--020 **243.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> <u>Thomas B Osborne</u> <span style="float: right;">11/12/08</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |  |   |   |  |