

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000065486</b>			
1. Entity Name <b>BALE WELDING &amp; FABRICATION LLC</b>			
Principal Place of Business <b>884 PINE RIDGE DRIVE PLANTATION, FL 33317 US</b>		Mailing Address <b>884 PINE RIDGE DRIVE PLANTATION, FL 33317 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

08 DEC 30 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11232008 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>EIN# 02-0809904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SANCHEZ, UBALRICO 884 PINE RIDGE DRIVE PLANTATION, FL 33317</b>		7. Name and Address of New Registered Agent Name <b>SANCHEZ, UBALRICO</b> Street Address (P.O. Box Number is Not Acceptable) <b>884 Pine Ridge Drive</b> City <b>PLANTATION, FL</b> Zip Code <b>33317</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. SIGNATURE <b>UBALRICO MGR</b> DATE <b>12-12-08</b> <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 \$138.75 After January 1, 2009, Fee will be \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, UBALRICO 884 PINE RIDGE DRIVE PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, UBALRICO 884 PINE RIDGE DRIVE PLANTATION, FL 33317 <input checked="" 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

REINSTATEMENT

2008 without Penalty  
up 1/5/09

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: <b>UBALRICO MGR</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>12-12-08</b> (954) 303-5803 <small>Daytime Phone #</small>