

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 SEP -5 PM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

LD9000026700

INDUSTRIAL WELDING AND REPAIR LLC

CR2E041 (1/11)

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

3820 RYANS LN

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1122

Suite, Apt. #, etc.

City & State

Zephyr Hills FL

Zip

33541

Country

U.S.

City & State

CRYSTAL SPRING FL

Zip

33524

Country

U.S.

4. State/Country of Formation

U.S.

5. Date Organized or Qualified  
To Do Business in Florida

2006

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

200239258012  
09/05/12--01013--010 \*\*516.25

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

FLETCHER William S

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

3820 RYANS LN

Suite, Apt. #, Etc.

City

Zephyr Hills

State

FL

Zip Code

33541

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

Fletcher William S

Date 8-29-12

REGISTERED AGENT MUST SIGN

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
MGRM	FLETCHER William S	3820 RYANS LN	Zephyr Hills FL 33541

REINSTATEMENT 10-12

SEP 6 2012

L. SELLERS

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Fletcher William S

Date 8-29-12

Daytime Phone # 813-479-7146

Typed or printed name of signing Managing Member/Manager