**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.** ATX1

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 15 PM 12:05

**DOCUMENT #** P00000003794

1. Corporation Name

BROWN'S WELDING MAINTENANCE, INC:

REINSTATEMENT 01-03

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7200 GRIFFIN ROAD | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BROOKSVILLE, FL | City & State: SAME |
| Zip: 34601 Country: HERNANDO | Zip: SAME Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/2000

5. FEI Number: 59-3549104 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EDWARD H FREKEY

800022346828
08/15/03--01051--009 **1050.00

Street Address (P.O. Box Number is Not Acceptable): 6195 FREEPORT DRIVE

Suite, Apt. #, Etc.:

City: SPRING HILL State: FL Zip Code: 34608-1017

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Edward H Frekey
REGISTERED AGENT MUST SIGN

Date: 8/13/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| Pres | WILLIAM E. BROWN Jr | 7200 GRIFFIN ROAD | BROOKSVILLE FL 34601 |
| Tres | SUSAN G BROWN | 7200 GRIFFIN ROAD | BROOKSVILLE FL 34601 |
| | | | |
| | | | |

10. I certify that I am an officer or director of the reviver or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** Susan Brown Susan Brown Treasurer 8/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #