

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001 UBR

FILED

102

DOCUMENT # P00000011350

1. Corporation Name

A-1 PORTABLE WELDING & ASSOCIATES, INC.

01 NOV 16 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

530 S.W. 38TH TERRACE
FT. LAUDERDALE FL 33312-1849

530 S.W. 38TH TERRACE
FT. LAUDERDALE FL 33312-1849



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0990488

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FRANCIS, ADDONES	530 S.W. 38TH TERRACE	FT. LAUDERDALE FL 33312

600004719066--9
-12/11/01--01072--011
****150.00 ****150.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANCIS, KATHLEEN
530 S.W. 38TH TERRACE
FT. LAUDERDALE FL 33312-1849

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Kathleen Francis
Addones Francis

Date 10-19-01

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver 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:

Addones Francis

10-19-01

954-563-8716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

A-1 Portable Welding & Assoc. Inc.

530 SW 38th Terrace
Ft. Lauderdale, FL 33312-1849

Phone (954)583-6887

207

November 13, 2001

Division of Corporations
P.O. Box. 6327
Tallahassee, FL 32314

Dear Sir/Madam:

I am in receipt of your letter concerning the revocation of the above corporation.

It was a genuine oversight on my part why this renewal was late and I was not aware that the corporation status was inactive until I received your notice.

It appears that the check was made out and inadvertently send to the Florida Department of Revenue instead of your office.

This was not an intentional act to avoid the renewal procedure. In light of this, I am respectfully asking the Division of Corporation to wave the penalty and allow me to renew at the original fee of \$150.00.

I can assure you that this error will not occur in the future.

I apologize for any inconvenience that I have caused your office and hope that you will respond favorably to this matter.

Sincerely,

Addones Francis

Addones Francis.