

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #

P-13274

1. Corporation Name

International Machine and Welding,
Inc.

2. Principal Office Address

1400 Chamber Drive

3. Mailing Office Address

P O Box 269

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

BARtOW, FL

Zip

33830

Country

USA

Zip

33831

Country

USA

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

59-3655662

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANIEL L. Hefner

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

1502 N. Taylor Rd

Suite, Apt. #, Etc.

N/A

City

BRANDON

State

FL

Zip Code

33510

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

Daniel L. Hefner

REGISTERED AGENT MUST SIGN

Date Nov. 5, 2001

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
P,D	DANIEL L. Hefner	1502 N. Taylor Rd	BRANDON, FL 33510
S,D	Cynthia A. Lewis	485 E. Stanford St	Bartow FL 33830

10. 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:

Daniel L. Hefner, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-01

Date

813-244-9843

Daytime Phone #