

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 16 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101027

1. Corporation Name

O.M METAL FABRICATION, INC.

Principal Place of Business

Mailing Address

2570 W 60 PLACE  
HIALEAH FL 33016

2570 W 60 PLACE  
HIALEAH FL 33016

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

3990 NW 132 ST

3990 NW 132 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay F

Bay F

City & State

City & State

OPALOCKA FL

OPALOCKA FL

Zip

Country

Zip

Country

33054

USA

33054

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/26/2000

5. FEI Number

65-1050201

Applied For

Not Applicable

6.

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
D	MEDERO, PEDRO	2570 W 60 PLACE	HIALEAH FL 33016

300010135739  
01/15/03--01080--003 \*\*150.00

8. Name and Address of Current Registered Agent

TURBAY, AILIN  
608 NW 57 AVE  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name - Pedro Medero

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

3990 NW 132 ST

Suite, Apt. #, Etc.

Bay F

City

OPALOCKA

State

FL

Zip Code

33054

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

January 10,2003

To whom it may concern

Re: OM Metal Fabrication Inc  
Reinstatement request

Sir or madam

We never received the 2002 annual report because our physical and mailing address had changed in 2002, therefore we were unable to file our report timely. It is always our belief and intent to meet our obligations timely. Our bank representative doing annual updates brought this problem to our attention.

We are attaching a copy of our lease in the new location as consideration to our request to waive any late penalty charged and the reinstatement of our status to active.

We apologize for any inconvenience and thank you in advance for your attention to this matter.

Sincerely,



Pedro Medero  
President  
OM Metal Fabrication Inc  
3990 NW 132<sup>nd</sup> St; Bay F  
Opalocka, Fl 33054