

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038779

1. Corporation Name

TRI-W FABRICATION, INC.

Principal Place of Business

8045 COLEE COVE ROAD
ST AUGUSTINE FL 32092

Mailing Address

8045 COLEE COVE ROAD
ST AUGUSTINE FL 32092

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/2001

5. FEI Number

59-3712891

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Owner	Ronald V. West	8045 Colee Cove rd.	St. Augustine FL 32092
Owner	Sharon West	8045 Colee Cove rd.	St. Augustine FL 32092

8. Name and Address of Current Registered Agent

WEST, SHARON
8045 COLEE COVE ROAD
ST AUGUSTINE FL 32092

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SHARON WEST
SIGNATURE REQUIRED

Date

10-29-02

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:

SHARON WEST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-02

Daytime Phone #

904-419-5205

CR2E040 (8/02)

To: Florida Department of State – Division of Corporations

Date: October 29, 2002

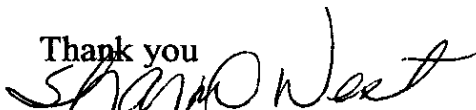
From: Tri-W-Fabrication, Inc.
Sharon West/Ronald West
8045 Colee Cove Rd.
St. Augustine, Fl. 32092
904-940-9195
904-419-5205
FID# - 59-3712891

To whom it may concern:

I did not receive the two prior uniform business report notice.
The only notice I did receive, was Dissolution or Revocation.

Enclosed is a check for \$150.00

Thank you


Sharon West