

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT -2 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047157

1. Entity Name
PRIORITY ONE METAL WORKS, INC.



Principal Place of Business
1416 RUPP LANE
LAKE WORTH, FL 33460

Mailing Address
1416 RUPP LANE
LAKE WORTH, FL 33460



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt #, etc

State, Apt #, etc

09212007

REIN-P

CR2E098 (1/07)

City & State

City & State

4. FFI Number

65-0287053

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLAND, CLYDE
1416 RUPP LANE
LAKE WORTH, FL 33460

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ENGLAND, CLYDE
1416 RUPP LANE
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition
100110159301
10/02/07--01010--013 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

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Change Addition

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CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-07 561-441126

Date

Daytime Phone #

10/2/07