

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053876

1. Corporation Name

SEA & SHORE WELDING, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 953578  
LAKE MARY FL 32795-3578

POST OFFICE BOX 953578  
LAKE MARY FL 32795-3578



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

2. New Principal Office Address, If Applicable

1546 Seminola Blvd.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Casselberry

City & State

FL

Zip

32707

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/23/2001

5. FEI Number

59-3726244

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
P	WARD, WADE J	1118 CAMBRIDGE ST	DELTONA FL 32725
VP	WARD, KEZBY-A WARD, Kelly A	1118 CAMBRIDGE ST	DELTONA FL 32725
	WARD, Kelly A		

100023856551  
10/16/03--01054--009 \*\*150.00

10/10/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARD, WADE J  
1546 SEMINOLA BLVD.  
SUITE #114  
CASSELBERRY FL 32707

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

SIGNATURE

Date

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:

Wade J. Ward Jr. Wade J. Ward Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/2003

Daytime Phone #

407-695-2033

CR2E040 (7/03)

## Sea and Shore Welding

P.O. Box 953578  
Lake Mary, Fl 32795-3578  
Office & Fax: 407-695-2033  
Cell Phone: 407-247-6223

October 13, 2003

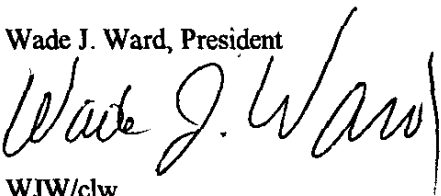
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

On October the 7th, I received the dissolution papers for my company, Sea and Shore Welding, Inc.

Though I realize it is my responsibility to file timely, I never received prior notification, only the dissolution papers. My company's mailing address was changed back in April, from my accountant's address (who received my company mail to my company's Post Office Box). I am enclosing a check in the amount of \$150.00 and this letter per recorded telephone instructions at the state's office.

Sincerely,

Wade J. Ward, President



WJW/clw