PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 28 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075235

1. Corporation Name
ALPRO JAM MOBILE WELDING INC

2. Principal Office Address	3. Mailing Office Address
416 N.W 27 AVE	416 N.W 27 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUD FLORIDA	City & State: FT. LAUD. FLORIDA
Zip: 33311 Country: BROWARD	Zip: 33311 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 07-27-2001

5. FEI Number: 65-1148630 ☐ 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: ROBERT TAYLOR SINGH

Street Address (P.O. Box Number is Not Acceptable): 2610 N.W. 43 AVE

600027709196
01/28/04--01017--018 **450.00

Suite, Apt. #, Etc.

City: LAUDERHILL State: FL Zip Code: 33313

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: R Singh
REGISTERED AGENT MUST SIGN

Date: JAN 24, 2004

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	ROBERT SINGH	2610 N.W. 43 AVE	LAUDERHILL FL 33313
V	CASSANDRA SINGH	2610 N.W 43 AVE	LAUDERHILL FL 33313
D	RANDAL MANSINGH	3470 N.W 32 CT	LAUD LAKES FL 33309

02-04

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: R Singh JAN 24, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #