

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB 23 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000006467**

**1. Corporation Name**

PROFESSIONAL WELDING AND CONVEYORS, CORP.  
10773 NW 58 STREET, SUITE 55  
MIAMI, FLORIDA 33178

**REINSTATEMENT**

*03-04*

**2. Principal Office Address**

10773 NW 58 STREET

**3. Mailing Office Address**

Suite, Apt. #, etc.

SUITE 55

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33178

Country

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida** 01/18/2002

**5. FEI Number**

03-0382253

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

BERTA M. SANDERS

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

9550 NW 77TH AVENUE

Suite, Apt. #, Etc.

SUITE 3

City

HIALEAH GARDENS

State

FL

Zip Code

33016

**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

*Berta M. Sanders*

REGISTERED AGENT MUST SIGN

Date 02/14/2004

**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
D	ONEIDA DURAN	8901 NW 14 STREET	PEMBROKE PINES, FL 33024

**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:**

*Oneida Duran de Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/2004

Date

786-251-5639

Daytime Phone #

CR2E081 (07/04)