PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED
03 OCT 14 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000016332**

1. Corporation Name

AMERICAN WELDING & FABRICATION, INC.

Principal Place of Business	Mailing Address
11837 NORTH STATE ROAD 121 MACCLENNY FL 32063	11837 NORTH STATE ROAD 121 MACCLENNY FL 32063

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

05/01/03 90210 046 150

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/2002

5. FEI Number: 010638106 — 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
D	HODGES, THOMAS A	11837 NORTH STATE ROAD 121	MACCLENNY FL 32063

REINSTATEMENT 03 OCT 14 TS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HODGES, THOMAS A 11837 NORTH STATE ROAD 121 MACCLENNY FL 32063	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: Thomas A. Hodges — REGISTERED AGENT MUST SIGN — Date: 10/13/03

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: S/Thomas A. Hodges — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/13/03 — Daytime Phone #

CR2E040 (7/03)

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AMERICAN WELDING & FABRICATION INC.

TO WHOM IT MAY CONCERN,
10/13/03

I RECEIVED A LETTER IN THE MAIL STATING THAT OUR DOCUMENT #P02000016332 HAS BEEN REVOKED.I MAILED IN THE FORM MORE THAN ONCE .I NEVER HEARD ANYTHING BACK. THE CHECK HAS CLEARED THE BANK.I ASK THAT YOU WAVE THESE FEES. IN ACCECPTANCE WITH THE CORRECT INFORMATION . AND TO REINSTATE MY CERTIFICATE
THANK YOU FOR YOUR TIME.

RESPECTFULLY
THOMAS A HODGES

Thomas A. Hodges

11837 NORTH STATE RD 121
MACCLENNY FL.
32063