

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 AM 9:57

DOCUMENT #

1. Corporation Name

Weltrans, Inc.

102000108106

106 Lucky World Ct. East
106 Lucky World Ct. East

2. Principal Office Address

106 Lucky World Ct. East

3. Mailing Office Address

106 Lucky World Ct. East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davenport Fl.

City & State

Davenport Fl.

Zip

33897

Country

USA

Zip

33897

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/02

5. FEI Number

75-309/252

☒ 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

Norbert J. Welsing

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

106 Lucky World Ct. East

Suite, Apt. #, Etc.

City

Davenport

State
FL

Zip Code
33897

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

Date 11-10-2004

REGISTERED AGENT MUST SIGN

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
Offr.	Norbert J Welsing	106 Lucky World Ct. East	Davenport FL. 33897

200042752182
11/15/04--01065--011 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-2004

Date

863-521-6861

Daytime Phone #

CR2E081 (01/04)

11/23 ad

Davenport FL. 11-10-2004

To: Florida Department of State
Secretary of State
Division of Corporation

From: Weltrans, Inc.
Norbert J. Welsing
Lucky World Ct. East
Davenport FL. 33897

Dear Ladies and Gentleman

My Company Weltrans, Inc. was dissolved this Year because the Annual filing fee was not paid.

The reason for this is that I never received this Letter this was because I moved 3 times this year from: Address 1 19441 SW 308TH St. Homestead FL. 33030

To Address2 2205 SE 24TH Pl Homestead FL. 33035

To Address 3 106 Lucky World Ct. East Davenport FL. 33897

The friendly Officer from Your department that I talked to, advised to explain this in a short letter and to add a check over \$300 with the not to wave the Reinstatement fee. Please accept this Letter as my apology.

Best regards: Norbert J Welsing
