


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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 31 AM 8:00

DOCUMENT # P02000128080

1. Corporation Name

COLEMAN'S WELDING INC.

Principal Place of Business

Mailing Address

26780 SW 167 AVE
HOMESTEAD FL 33031

26780 SW 167 AVE
HOMESTEAD FL 33031

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

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



REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2002

5. FEI Number

☒ 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 |
|---------------|---|--|-------------------------|
| PT | COLEMAN, WESLEY F JR. | 26780 SW 167 AVE | HOMESTEAD FL 33031 |
| VS | COLEMAN, GEMA E | 26780 SW 167 AVE | HOMESTEAD FL 33031 |
| | | | |
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700025867367
12/31/03--01010--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLEMAN, WESLEY F JR.
26780 SW-167 AVE
HOMESTEAD FL 33031

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

Wesley Coleman
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Glenda Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

786-295-483

10/9/03

Daytime Phone #

CR2E040 (7/03)

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December 28, 2003

To Whom It May Concern:

My name is Wesley Coleman. I own Coleman's Welding Inc (Document # P02000128080) a one person company. I never received the form to file my annual report/uniform business report. As this is my first year filing , I was not aware I must file this report. I am asking for a waiver this year since I never received the annual report form and I was not aware of this. To complicate matters my accountant, Steve Diamond, who handles these forms passed away this summer and I was not notified for some months. I am enclosing a check for \$150.00 in case the waiver is accepted. If not please notify me so I can mail the remainder of the money. Telephone: 786-295-4803. I thank you for the prompt attention. My address is 26780 SW 167 Ave

Homestead, Fl 33031

Sincerely,

Wesley Coleman

