• ناسي PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION 06 MAR -7 PM 4: 45 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECLETATION OF STATE DOCUMENT # PO300006454a B.I.C WELDING SERVICES, INC. 200067888202 03/15/06--01011-\_013 \*\*450.00 2. Principal Office Address 3. Mailing Office Address 4564 NE 11+1 AVE 4564 NE 11+0 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For DAKLAND PARK FL OAKLAND PARK Not Applicable 32-0087803 Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33304 U.S.A 3304 U.S. A 7. Name and Address of Current Registered Agent GERALD PAULSON Street Address (P.O. Box Number is Not Acceptable) 4564 NE 11 IN AVE Suite, Apt. #, Etc. Zip Code City State OAKLAND PARK 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. Date 3-6-06 Signature of 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director Ρ GERALD PAULSON 4564 NE 1140 AVE OAKLAND PK FL 33384 VP GERALD PAULSON 45164 NE 1140 AVE DAKLAND PK.FL S GERALD PAULSON 4514 NE 1170 AVE T GERALD PAULSON 4564 NE 11+10 AVE CAULANDPK, FL 33301

10. I certify that I am an officer of 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #