

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600162766716
11/12/09--01039--020 **\$300.00

DOCUMENT # P03000153028

1. Corporation Name:

Pro Welding Inc.

REINSTATEMENT 08-09
CR2E081 (10/09)

2. Principal Office Address- No P.O. Box #

3201 118th Ave N.

3. Mailing Office Address

3201 118th Ave N.

Suite, Apt. #, etc.

Unit 1

Suite, Apt. #, etc.

Unit 1

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/04

City & State

St. Petersburg FL

City & State

St. Petersburg FL

5. FEI Number

20-0497425

Applied For

Not Applicable

Zip

33716 Pinellas

Zip

33716 Pinellas

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Richard A. Thornton Jr.

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

10074 61st Cir N.

Suite, Apt. #, Etc.

City St. Petersburg

State FL

Zip Code 33716



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

Richard A. Thornton Jr.

REGISTERED AGENT MUST SIGN

Date 11/6/09

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
P	Richard A Thornton Jr	10074 61 st Cir N.	Pinellas Park FL 33782

10. E-mail Address: noles1n@hotmail.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Richard A Thornton Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/09

Date

727-744-1420

Daytime Phone