2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153229

1. Entity Name
SHURMAN'S WELDING & MAINTENANCE, INC.

FILED
05 APR 21 PM 4: 15
SECRE... TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1020-10 EDGWOOD AVENUE NORTH, SUITE 6 JACKSONVILLE, FL 32254	1020-10 EDGWOOD AVENUE NORTH, SUITE 6 JACKSONVILLE, FL 32254

2. Principal Place of Business	3. Mailing Address
	4519 BRENTWOOD AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: JACKSONVILLE, FLORIDA
Zip / Country	Zip: 32206 / Country: DUVAL

REINSTATEMENT 04-05 WOP

4. FEI Number: 58-2682520 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWZE, BERTHA LEE
4519 BRENTWOOD AVE.
JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — **FL** — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RICARDO SHURMAN POST OFFICE BOX 9478 JACKSONVILLE, FL 32208 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 400055201474 05/24/05--01087--016 **308.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ricardo Shurman — RICARDO SHURMAN PRESIDENT — 4/19/05 — (904) 634-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #