## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # 10400  1. Corporation Name  Weldow Special A	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations  20029046  4 Services , Inc.	SECRETALIAN AND SECRETALIAN AN
2. Principal Office Address - No P.O. Box #  Plwood Dock Sou th  Suite, Apt. #, etc.  City & State  Nonticello Fl.  Zip Country  32344 USA	3. Mailing Office Address  9 Wood Duck South  Suite, Apt. #, etc.  Crty & State  Monticello, Fl.  Zip  Country  32344  USA	CR2E081 (11/10)  4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED  38.75 Additional Fee required for a Certificate of Status
Name and Address of Name  Name	of Current Registered Agent	900252215333 10/01/1301801011 **\$00,00 ne obligations of section 607 0505 or 617.0503, F.S.
Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list a	Engh
Pres. Edgar Neldor Vilks Debra Weldo		K South Monticello, Fl. 32344  K South Monticello, Fl. 32344
REIN	ISTATEMENT	
10. E-mail Address: EABLEHERRT 30 @ EMBAROM3/C. COM  (To be used for future annual report notification)		
reinstatement application, the reason for dissolut owed by the corporation have been paid. I further if made under oath. I approprie that false informs SIGNATURE:	eiver or trustee empowered to execute this application ion has been eliminated, the corporate name satisfies the r certify, the information indicated on this application is t	n as provided for in chapter 607 or 617, F.S. I further certify that when filing this the requirements of section 607 0401 or 617 0401, F.S., and that all fees true and accurate, and my signature shall have the same legal effect as attended to the same legal effect as a