PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~**REINSTATEMENT**~~
2005 ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 10 PM 4:21

DOCUMENT # P04000071720

1. Corporation Name

A.C.K.S WELDING INC.

2. Principal Office Address		**3.** Mailing Office Address	
12636 NW. 13ST CT		12636 NW 13ST CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUNRISE			
City & State		City & State	
FL.		SUNRISE FLORIDA	
Zip	Country	Zip	Country
33323	BROWARD	33323	BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 4-29-04

5. FEI Number: 30-0345310 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: THOMAS DORIUS

700056153597
05-14-05--01046--018 **150.00

Street Address (P.O. Box Number is Not Acceptable): 2994 NW 55 AVE

Suite, Apt. #, Etc.:

City	State	Zip Code
LAUDERHILL FL	FL	33313

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.

Signature of Registered Agent: _____ Date: 5/6/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PD	MICHAEL ROBERTS	12636 NW 13ST COURT ~~SUNRISE FL 33323~~	SUNRISE FLORIDA 33323 US
VD	CIARIS ROBERTS	12636 NW 13ST CT	SUNRISE FL. 33323 US

10. 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: M. Roberts - MICHAEL A. ROBERTS 5/6/05 (954) 298-4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #