

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT 23 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000087127**

1. Corporation Name

**ANOTHER WELDING COMPANY INC.**

2. Principal Office Address

**8119 CRESPI BLVD.**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL.**

Zip

**33141**

Country

**USA**

3. Mailing Office Address

**8119 CRESPI BLVD.**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL.**

Zip

**33141**

Country

**USA**

**05-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**06-03-2004**

5. FEI Number

**20-1149965**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee Required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**JORGE NELSON BARRIONUEVO**

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

**8119 CRESPI BLVD.**

Suite, Apt. #, Etc.

City

**MIAMI BEACH**

State

**FL**

Zip Code

**33141**

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

**REGISTERED AGENT MUST SIGN**

Date **10-17-2006**

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
<b>P</b>	<b>JORGE N. BARRIONUEVO</b>	<b>8119 CRESPI BLVD</b>	<b>MIAMI BEACH, FL. 33141</b>

**300081119623**  
**10/23/06--01047--011 \*\*300.00**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**10-17-2006**

Date

Daytime Phone #

**(786)2948971**

ANOTHER WELDING COMPANY ,INC.

8119 Crespi Bvar.  
Miami Beach, Fl. 33141

September 30,2006

Florida Department of State  
Division of Corporations  
Tallahassee, Fl.32314

Attn : Reinstatement Section

Re: P04000087127

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our applications for reinstatement along with the necessary Filing fees for a profit corporation. As we stated in the phone conversation, we moved our offices and thus never received our UBR reports. We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,

A handwritten signature in black ink, appearing to read "Jorge Nelson Barrionuevo". The signature is fluid and cursive, with the last name being more prominent.

Jorge Nelson Barrionuevo

President