

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 16 PM 1:32

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

05-06

DOCUMENT # P04000102858

1. Corporation Name

Tim Hill Welding Service, Inc.

2. Principal Office Address

310 Oakwood Court

Suite, Apt. #, etc.

City & State

Fern Park

Zip
32730

Country

Seminole

3. Mailing Office Address

P.O. Box 300306

Suite, Apt. #, etc.

City & State

Fern Park

Zip
32730

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida 7/12/2004

5. FEL Number

27-0096623

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
Wendy Hill

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

310 Oakwood Court

Suite, Apt. #, Etc.

City
Fern Park

State
FL

Zip Code
32730

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

Wendy Hill

REGISTERED AGENT MUST SIGN

Date 10/13/2006

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
P	Tim Hill	310 Oakwood Court	Fern Park, FL 32730
S	Wendy Hill	310 Oakwood Court	Fern Park, FL 32730
		<i>10/13/06</i>	71008096623 10/13/06--01059--004 **908.75

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:

Tim Hill Tim Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

10-13-06

321-228-9614

Date

Daytime Phone #