



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000150750 1. Entity Name PINO'S MOBILE WELDING, INC	
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Principal Place of Business 6011 NE 5TH TERR FT LAUDERDALE, FL 33334	Mailing Address 6011 NE 5TH TERR FT LAUDERDALE, FL 33334
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED
05 DEC 19 PM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
8-11-05 90062004D \$150.00

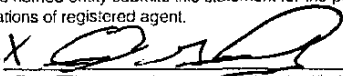


11182005 REIN-P CR2E098 (6/04)

4. FEI Number 20-1844945	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PINO, PEDRO 1858 NW 21ST STREET POMPANO BEACH, FL 33069 <i>6011 NE 5th Terrace</i> <i>FT. Lauderdale, FL 33334</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINO, PEDRO			NAME			
STREET ADDRESS	1858 NW 21ST STREET 6011 NE 5th Terrace			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33069			CITY-ST-ZIP			
TITLE	FT Lauderdale, FL 33334	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  Date: _____ Daytime Phone: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PINO'S MOBILE WELDING, INC
6011 NE 5th TERRACE
FT. LAUDERDALE, FL 33334
Phone: 954 873 1882

November 17, 2005

DOC No.P04000150750

Florida Dept. Of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O.BOX 6327
Tallahassee, FL 32314

To Whom it may concern:

Attached please find the connected reinstatement for due from our company.

Please note the Federal Identification number is 20-1844945.

If you should have any question please do not hesitate to contact us.

Respectfully yours,

The Management for
PINO'S MOBILE WELDING, INC.