2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000153277

Entity Name: METEER WELDING, INC.

FILED Nov 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16100 EUSTIS PLACE
DONA VISTA, FL 32784

16100 EUSTIS PLACE
DONA VISTA, FL 32784

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 350268
GRAND ISLAND, FL 32735

POST OFFICE BOX 350268
GRAND ISLAND, FL 32735

US

FEI Number: 03-0532547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

METEER, HAROLD 16100 EUSTIS PLACE DONA VISTA, FL 32784 US

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.

SIGNATURE: HAROLD METEER

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 METEER, HAROLD
 Name:
 METEER, HAROLD

 Address:
 POST OFFICE BOX 350268
 Address:
 16100 EUSTIS PLACE

 City-St-Zip:
 GRAND ISLAND, FL 32735
 City-St-Zip:
 DONA VISTA, FL 32784 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 MCDUFFIE, MICHAEL
 Name:
 MCDUFFIE, MICHAEL

 Address:
 POST OFFICE BOX 350268
 Address:
 16100 EUSTIS PLACE

 City-St-Zip:
 GRAND ISLAND, FL 32735
 City-St-Zip:
 DONA VISTA, FL 32784 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD METEER PD 11/29/2005