Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000078752 3)))

H12000078752 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
PAUL WELCH, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 MAR 26 PM 4:19

DOCUMENT # P04872

1. Corporation Name
PAUL WELCH INC.

REINSTATEMENT 11-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1984 S.W. BILTMORE ST. #114	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE, FL	City & State
Zip: 34984 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: FEB 04, 1985

5. FEI Number: 22-2450159 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75

7. Name and Address of Current Registered Agent

Name: PAUL WELCH

Street Address (P.O. Box Number is Not Acceptable): 1984 S.W. BILTMORE ST. #114

Suite, Apt. #, Etc.

City: PORT ST. LUCIE, FL | State: FL | Zip Code: 34984

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 MARCH 22, 2012
REGISTERED AGENT MUST SIGN

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	PAUL WELCH	1984 S.W. BILTMORE ST. #114	PORT ST. LUCIE, FL 34984
VP	PAUL WELCH	1984 S.W. BILTMORE ST. #114	PORT ST. LUCIE, FL 34984
T	PAUL WELCH	1984 S.W. BILTMORE ST. #114	PORT ST. LUCIE, FL 34984

10. E-mail Address: pwelchinc@aol.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ PAUL WELCH, PRES. MARCH 22, 2012 772-785-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 01/2006 | C T System Online

MAR [illegible]

A. DUN

03/26/2012 14:59 8655336092 CT CORPORATION PAGE 02/02