

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 27 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11012006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P05000021085</b> 1. Entity Name <b>RENACIMIENTO WELDING, INC.</b>					
Principal Place of Business <b>10790 S.W 47 TERR MIAMI, FL 33165</b>			Mailing Address <b>10790 S.W 47 TERR MIAMI, FL 33165</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-2299679.</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PREVAL, RAMON 10790 S.W. 47 TERR MIAMI, FL 33165</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PREVAL, RAMON 10790 S.W. 47 TERR MIAMI, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREVAL, RAMON 10790 S.W. 47 TERR MIAMI, FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREVAL, RAMON 10790 S.W. 47 TERR MIAMI, FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREVAL, RAMON 10790 S.W. 47 TERR MIAMI, FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  (NOTE: Registered Agent signature required when reinstating) DATE:					

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November, 17 2006

To whom it my concern:

Document # P05000021085

I, Ramon Preval, in charge of RENACIMIENTO WELDING INC.  
Corporation, is asking not to pay the \$ 600.00 charged to the corporation for  
not renewing such at the right time.

I, never received the postcard on time to renew the corporation.

I'll greatly appreciate it if the charges are dismissed.

If any questions please, do not hesitate to contact me.  
My phone number is (305)812-4053

Ramon Preval