

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000058384

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** TOM SMITH PORTABLE WELDING SERVICE, INC.

**Current Principal Place of Business:**

17888 NE 45TH AVENUE ROAD  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 69  
CITRA, FL 32113

**New Mailing Address:**

**FEI Number:** 20-2712720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPHEN W GILBERTSON, CPA, PA  
2740 E.OAKLAND BLVD.  
206  
FT LAUDERDALE, FL 33306 US

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

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:** STEPHEN GILBERTSON, CPA, PA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** SMITH, THOMAS  
**Address:** PO BOX 69  
**City-St-Zip:** CITRA, FL 32113

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS SMITH

PSTD

06/17/2010

Electronic Signature of Signing Officer or Director

Date