

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000085203

1. Entity Name
O&G MOBILE WELDING CORP.



FILED

2007 MAR 12 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3132 NW 48TH ST
LAUDERDALE LAKES, FL 33309

Mailing Address
3132 NW 48TH ST
LAUDERDALE LAKES, FL 33309



2. Principal Place of Business - No P.O. Box #
3132 NW 40th ST

3. Mailing Address
3132 NW 40th Street

Suite, Apt. #, etc.
LAUDERDALE LAKES

Suite, Apt. #, etc.
LAUDERDALE-LAKES-FLA.

City & State
Florida

City & State

Zip
33309

Country
USA

Zip
33309

Country
USA

02132007 REIN-P CR2E098(1/07)

4. FEI Number
595471098

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, OWEN R
3132 NW 48TH ST
LAUDERDALE LAKES, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GREGORY, OWEN R
3132 NW 48TH ST
LAUDERDALE LAKES, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ORAL, BARRETT B
3132 NW 48TH ST
LAUDERDALE LAKES, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
800095149128
03/28/07--01021--016 **308.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.02.07 954-88-8720

Date

Daytime Phone #

2/14/07