

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000107915

**Entity Name:** Y&M ARCHITECTURAL WELDING, CO.

**FILED**  
**Sep 11, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

18920 NW 282ND ST  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

804 SW 2ND AVE  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

18920 NW 282ND ST  
OKEECHOBEE, FL 34972

**New Mailing Address:**

804 SW 2ND AVE  
OKEECHOBEE, FL 34974

**FEI Number:** 55-0902603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DENNINGS, ED  
15632 STATE RD 70 W  
OKEECHOBEE, FL 34974 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:** ED DENNINGS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SRBEK, YVONA  
**Address:** 18920 NW 282ND ST  
**City-St-Zip:** OKEECHOBEE, FL 34972

**Title:** V  
**Name:** SRBEK, MICHAEL  
**Address:** 18920 NW 282ND ST  
**City-St-Zip:** OKEECHOBEE, FL 34972

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:** MICHAEL SRBEK

V

09/11/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date