

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 NOV -5 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000054832

1. Corporation Name

WELD SERVICES CORP.

REINSTATEMENT 07-09

600162542726  
11/05/09--01039--003 \*\*450.00  
CR2E081 (12/08)

<b>2. Principal Office Address - No P.O. Box #</b> 1714 Oakland Road West		<b>3. Mailing Office Address</b> 1714 Oakland Road West	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, Florida		City & State Lakeland, Florida	
Zip 33801	Country Polk	Zip 33801	Country Polk

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4/17/2006	
<b>5. FEI Number</b> 20-4710215	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name Phillip J. Provencher		
Street Address (P.O. Box Number is Not Acceptable) 1714 Oakland Road West		
Suite, Apt. #, Etc.		
City Lakeland	State FL	Zip Code 33801

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*PPH*

Date 11/2/2009

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
Pres.	Phillip J. Provencher	1714 Oakland Road West	Lakeland, Florida, 33801
VP	Maryann H. Provencher	1714 Oakland Road West	Lakeland, Florida, 33801
VP	Terrance J. Provencher	944 Reynolds Road, Lot 370	Lakeland, Florida, 33801

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*PPH*

Phillip J. Provencher

11/2/2009

863-393-2683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #