2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						FILED					
DOCUMENT # P06000098638											
1. Entity Name RAY WRIGHT WELDING AND TRUCKING, INC.						2008 JAN -8 AM 8: 13					
45343 GREEN AVENUE		Aailing Address 45343 GREEN AVENUE CALLAHAN, FL 32011			<u>*</u>		S TA	SECRETA LLAHA	RY OF STAT SSEE.FLOR	TE 104	
						1 (68)(88) 111		II BBMI 68III 88III	 		
Principal Place of Business - No P.O. Box # 3. Mailing Address											
25233 Wrights Dairy Rd. 25233 Wrights Dairy Rd. Suite, Apt. H, etc.									C		
Suite, Apt. #, etc.	Suile, Apr. W. etc.			12112007	REIN-	>	CR2E098 (1/07))			
City & State	City & State				4. FEI Numbe	er		1—1	pplied For		
Callahan Cour	Callahan FZ Zip Country				Not Applicable 5. Certificate of Status Desired \$8.75 Additional						
32011		32011							Fee Requir		
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent					
WRIGHT, RAY 45343 GREEN AVENUE CALLAHAN, FL 32011					dress (f	ess (P.O. Box Number is Not Acceptable)					
			252	233	wright	Wrights Daving Rd.					
City					Cα	llaha	Λ		FL Zip Con	de 2011	
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 acceptive obligations of registered agent.									, and accept		
2	1)	-									
SIGNATURE Signature, typed of printed	name of registered grant and util	ii applicable (NOTE:	Registered	Agent signatu	are requir	ed when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00									s. 607.193(2)(b) receive the prior		
10.	OFFICERS AND DIRE	CTORS	11.			ADDITIONS/	CHANGES	TO OFFICER	RS AND DIRECTOR	RS IN 11	
TITLE D		☐ Delete	TITLE	ļ	<u> </u>	ul sobt			Change	Addition	
MAME WRIGHT, RAY STREET AUDRESS 45343 GREEN AVENUE				ADDRESS	KUY 252	Wright	ahts	Dairy	Rd.		
CITY-ST-ZIP CALLAHAN, FL		CHTY-ST	3 - ZIP	<u>Ca</u>	llahar	FL.	320	110			
TILE Delete III									☐ Change	Addition	
1 1				ADDRESS	000114246076 01/08/0801006007 **150.						
CITY-ST-ZiP	CITY		T - ZIP		U17						
TITLE Defete									☐ Change	Addition	
STREET ADDRESS			ADDRESS								
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST TITLE	T - ZIP					☐ Change	Addition	
NAME		C. DC:CIC	NAME:						Onlinge		
STREET AOORESS CITY-ST-ZIP			STREET :	ADURESS I_ ZIP							
TITLE		□ Deiete	TITLE						☐ Change	☐ Addition	
HAME CENTER ACROSES			NAME	*Dooree							
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ADDRESS T-ZIP							
THLE		☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET	ADDRESS							
CITY-ST-ZIP			CHY-ST								
12. Thereby certify that the inform indicated on this report or sug	polemental report is true	and accurate and that my	z signatur	re shall hav	ve the s	same legal effec	t as if made	under oath:	that I am an office	r or director	
of the corporation or the recei changed, or on an attachmen	ver or frustee empowere t with an address with a	d to execute this report as Il other like empowered.	s required	d by Chap	ter 607	, Fiorida Statute	s: and that	my name ap	pears in Block 10 c	or Block 11 if	
SIGNATURE: Law Mach											
SIGNATURE . SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Date Destruction De											
	·	U							.)		

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