

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014863

1. Corporation Name

WELD SHOP FABRICATORS, INC.

Principal Place of Business

Mailing Address

1013 SE 9TH TERRACE
CAPE CORAL FL 33990

1013 SE 9TH TERRACE
CAPE CORAL FL 33990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1994

5. FEI Number

65-0491723

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	CROTEAU, RON	1722 SW 18TH TERR.	CAPE CORAL FL 33991
P	CROTEAU, KATHLEEN	1722 SW 18TH TERR.	CAPE CORAL FL 33991

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROTEAU, KATHLEEN M
1722 S.W. 18TH TERRACE
CAPE CORAL FL 33991

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 239-488-3184

CR2E0-00 (7/03)



Weld Shop Fabricators, Inc.

1013 S.E. 9th Terrace
Cape Coral, Fl. 33991
239-458-3184

October 15, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Dear Representative,

I would like my corporation reinstated. I mailed a check for \$150.00 in July along with a letter explaining that I never received the first notice and the signed application.

After speaking with Tom, today, he instructed me to write another letter along with filing out the application for reinstatement. The original letter that I wrote must have been separated from my payment and form.

If there are any questions please contact me.

Sincerely,


Kathleen Croteau
President

Doc # P94000014863

FET - 65-0491723