

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -9 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7940000366043

1. Corporation Name

JOHN HUDSON'S THE WELDING SHOP INC.

Principal Place of Business

13715 49ST N #5B
CLEARWATER FL.
34643

Mailing Address

12790 102ND WAY
LARGO FL.
33773

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

2. New Principal Office Address, If Applicable

13715 49ST N.
5B.

City & State

CLEARWATER FL.
34643 PINELLAS.

3. New Mailing Office Address, If Applicable

12790 102ND WAY

City & State

LARGO FL.
33773 PINELLAS.

4. Date Incorporated or Qualified
To Do Business in Florida

5/94

5. FEI Number

59-3239874

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRE D ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	JOHN R. HUDSON	12790 102 WAY	LARGO FL. 33773
V.P.	TERESA WEEKS	1066 35TH AVE W. ST. PETERS. 33704	ST. PETERS FL. 33704

4000002373744-4
-12/16/97--01078--025
****165.00 ****165.00

12-11-97

8. Name and Address of Current Registered Agent

JOHN HUDSON PRES.
12790 102ND. WAY.
LARGO. FL.
33773

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

JOHN R. HUDSON
REGISTERED AGENT MUST SIGN

Date 12-8-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

JOHN R. HUDSON PRES. 12-8-97

Date

Daytime Phone #

813-
573-4800