

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 AM 9:25

DOCUMENT # P94000073647

1. Corporation Name

CLARO WELDING, CORP.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

9366 NW 13 ST.

Suite, Apt. #, etc.

BAY 34

City & State

MIAMI, FL.

Zip
33172

Country

USA

3. New Mailing Office Address, If Applicable

9366 NW 13 ST.

Suite, Apt. #, etc.

BAY 34

City & State

MIAMI, FL.

Zip
33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/94

5. FEI Number

65-0522738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PS	ANTONIO CLARO	15639 SW 59 ST.	MIAMI, FL. 33193

800003434068--9
-10/20/00--01087--017
***1200.00 ***1200.00

10/11/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ANTONIO CLARO

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

15639 SW 59 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/11/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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

10/11/00 (305) 594-2926

Date

Daytime Phone #