

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 AUG -2 AM 9:26	
DOCUMENT # 96000074567					
1. Corporation Name SPECIALIZED PORTABLE WELDING SERVICE & REPAIR INC.					
Principal Place of Business MOBILE			Mailing Address 19980 S.W. 84 AVE. MIAMI, FL. 33189		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable SAME		3. New Mailing Office Address, If Applicable SAME		4. Date Incorporated or Qualified To Do Business in Florida 9-6-96	
Suite, Apt. #, etc N/A		Suite, Apt. #, etc N/A		5. FEI Number 65-0694490	
City & State SAME		City & State SAME		☒ Applied For ☐ Not Applicable	
Zip SAME	Country U.S.A.	Zip SAME	Country U.S.A.	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)					
1	2	3	4		
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		
P	RICHARD ECHEVARRIA	19980 S.W. 84 AVE.	MIAMI / FL / 33189		
VP	PEDRO ECHEVARRIA	19980 S.W. 84 AVE.	MIAMI / FL / 33189		
8. Name and Address of Current Registered Agent RICHARD ECHEVARRIA 19980 S.W. 84 AVE. MIAMI, FL. 33189			9. Name and Address of New Registered Agent Name SAME 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 Richard Echevarria Date 7-27-99 REGISTERED AGENT MUST SIGN					
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 617.0431, 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: Richard Echevarria SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-27-99 Date		
			(305) 234-1298 Daytime Phone #		

CR2E081 (12/95)

Richard Echevarria
19980 SW 84th AVE
Miami FL, 33189
Home Phone 305-255-8782

July 30, 1999

/ Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it may concern,

Please accept this letter as an explanation for not reinstating my corporation.

I spoke with Stacy in your department and explained to her that I never received notice to reinstate my corporation due to a problem I had with the post office. All of my notices and annual reports were returned to your office. Please accept this letter and check as a reinstatement for my corporation along with an additional fee for a certificate of status.

Sincerely,

Richard Echevarria

Richard Echevarria