PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 FEB -6 AM 11:20

DOCUMENT # P98000040424

1. Corporation Name

Lincoln Welding & Fabrication Inc.

REINSTATEMENT & 99.02

2. Principal Office Address	3. Mailing Office Address
19114 Forrest Dr.	19114 Forrest Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Odessa, Fl.	City & State: Odessa, Fl.
Zip: 33556 Country:	Zip: 33556 Country:

4. Date Incorporated or Qualified To Do Business in Florida — 2/97

5. FEI Number: 59-3553313 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. *Name and Address of Current Registered Agent*

Name: W H Meeks

Street Address (P.O. Box Number is Not Acceptable): 804 Canoe Ct.

Suite, Apt. #, Etc.:

City: Brandon State: FL Zip Code: 33510

300004318113--1
-02/14/02--01006--008
***1208.75 ***1208.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: W H Meeks — REGISTERED AGENT MUST SIGN — Date: 2/4/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	James Lincoln Arnold	19114 Forrest Dr.	Odessa, Fl. 33556
V/T/S	Tammy L. Arnold	19114 Forrest Dr.	Odessa, Fl. 33556

10. 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: J Lincoln Arnold — 2-4-02 — 813 929-1210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #