

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 13 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p98000094373

1. Corporation Name

L.S.Custom Welding Shop and Mobile Services Inc

500007854985--9
-09/19/02--01087--017
****450.00 ****450.00

2. Principal Office Address

3700-b NW 16th Street

Suite, Apt. #, etc.

City & State

Lauderhill Fl.

Zip

33311

Country

Broward

3. Mailing Office Address

3700-b NW 16th Street

Suite, Apt. #, etc.

City & State

Lauderhill Fl.

Zip

33311

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/99

5. FEI Number

65-0872358

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

00-02 UBR

7. Name and Address of Current Registered Agent

Name

Lloyd Saunders

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

3700-b NW 16th Street

Suite, Apt. #, Etc.

City

Lauderhill

State
FL

Zip Code

33311

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

REGISTERED AGENT MUST SIGN

Date 09/05/02

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 |
|--------|--------------------------------------|---|-------------------------|
| P | Lloyd Saunders | 3700-B NW 16 th St. | Lauderhill, Fl 33311 |
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| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/05/02

Daytime Phone #


CR2E081 (9/01)

Florida Department Of State
Jim Smith
Secretary of State
Division of Corporations
409 East Gaines St.
Tallahassee Fl.32399

Dear Sir,

I hereby respectfully request my Corporation L.S. Custom Welding Shop and Mobile Service Inc. Doc# p9800004373 be reinstated with waiver of any late fees, as we did not received the necessary documents to have done so in the past. My accountant spoke to one of your specialists by the name of Tyrone who informed him of the need to draft this letter along with the required amount of \$450.00. Attached please find the form which he instructed could be downloaded from the internet to expedite these said matters along with our corporate check for the stated amount.

Respectfully your's



Lloyd Saunders