


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000013897			
1. Corporation Name R & R WELDING INC.			
2. Principal Office Address 299 Alhambra Circle Suite, Apt. #, etc.		3. Mailing Office Address Same Same Same Same	
City & State Coral Gables, FL		City & State Same	
Zip 33134	Country USA	Zip Same	Country Same

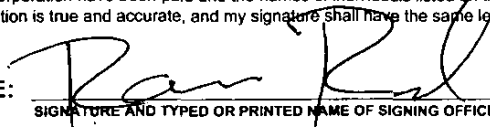
FILED
07 MAR -5 PM 12:34
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

400093247204
03/16/07--01009--008 **450.00

REINSTATEMENT 05-04
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0922617	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Ramon Preval Jr.	
Street Address (P.O. Box Number is Not Acceptable) 235 NW 35 Avenue	
Suite, Apt. #, Etc.	
City miami	State FL
Zip Code 33125	

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		Date	
REGISTERED AGENT MUST SIGN			
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
Pre	Ramon Preval Jr.	235 NW 35 Avenue	Miami / FL / 33125
V. Pre	Gisela Preval	10790 SW 47 Terrace	Miami / FL / 33125
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 contained in Chapter 119, 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: 		Date 2-16-07	Daytime Phone # (305) 550-7169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

2/2

February 27, 2007

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

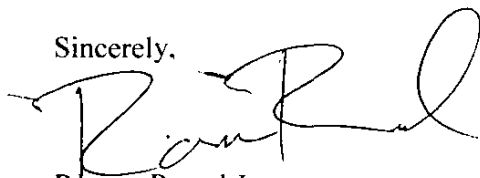
RE: Document#P99000013897
R & R Welding Inc
Reinstatement for 2005, 2006 & 2007

To Whom It May Concern:

I have included payment for the above mentioned corporation that at this time is not active and as per the conversation I had with the division of corporation were I had explained that the address was incorrect and we never received any information from this department I have also updated all the information with a filled out form with all my correct information.

Thank you in advance for your help, please contact me if you need any further information (305) 552-7969.

Sincerely,



Ramon Preval Jr