

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 27 AM 9:39

DOCUMENT # P99000015240

1. Corporation Name

J.W. MOBILE WELDING, INC.

Principal Place of Business

207 EILEEN AVE.
ALTAMONTE SPRINGS FL 32714

Mailing Address

207 EILEEN AVE.
ALTAMONTE SPRINGS FL 32714

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3574101

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WILLIAMS, JAMES D	207 EILEEN AVE.	ALTAMONTE SPRINGS FL 32714

300003491463--7
-12/08/00--01027--018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, JAMES D
207 EILEEN AVE.
ALTAMONTE SPRINGS FL 32714

Name

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

Daytime Phone #

James D. Williams 10-16-00 407-786-5574

AD

2.

J.W. Mobile Welding

207 Eileen Avenue

Altamonte Springs, Florida 32714

407-786-5574 • Fax 407-786-5446

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FLORIDA DEPARTMENT OF STATE
KATHERINE HARRIS
SECRETARY OF STATE

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

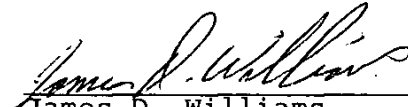
Enclosed is a check for the renewal for my small business. I was unaware of this renewal. I have gone through all my mail and correspondents and do not have any knowledge of this renewal until now..

I am a very small business and I do handle this business on my own since my wife has come down very ill. I have had my mail stopped numerous times due to me being out of town for treatment of my wife's illness, and am still trying to make some type of living.

Please accept this check for renewal for I would of surely sent in my check long before if I had been aware of this. Now, that I know that there is a yearly renewal for my company I will pay promptly from here on.

I apologize for any inconvenience this may be, but, I am looking for some assistance to guide my small business for all proper filing forms and office help.

Please accept this enclosed amount.


James D. Williams

(as per phone conversation enclosed is ck.#2023 for
\$150.00)