PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
Apr 29, 2004 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000017323

1. Corporation Name

GOMEZ WELDING, INC.

REINSTATEMENT 04

2. Principal Office Address	3. Mailing Office Address
7600 LA SALLE BLVD.	7600 LA SALLE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FL	City & State: MIRAMAR
Zip: 33023 Country: U.S.A	Zip: 33023 Country: U.S.A

4. Date Incorporated or Qualified To Do Business In Florida: 02/23/1999

5. FEI Number: 65-0898169 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GOMEZ, FRANCISCO

Street Address (P.O. Box Number is Not Acceptable): 7600 LA SALLE BLVD.

Suite, Apt. #, Etc.:

City: MIRAMAR State: FL Zip Code: 33023

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: [signature] Date: 4-15-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	GOMEZ, FRANCISCO	7600 LA SALLE BLVD.	MIRAMAR, FL 33023
VPD	GOMEZ, JAVIER	7600 LA SALLE BLVD.	MIRAMAR, FL 33023

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] 4-15-04

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

STF FL32524F.1

Florida Department of State
Division of Corporations
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Division of Corporations
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From:
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Account Number : I20020000031
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CORPORATION REINSTATEMENT

GOMEZ WELDING, INC.

Certificate of Status	0
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