

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 MAY 30 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025881

1. Corporation Name

AMERICAN WELDING & DESIGN, INC.

Principal Place of Business

Mailing Address

1601 N.W. 33RD AVENUE
OKEECHOBEE FL 34972

1601 N.W. 33RD AVENUE
OKEECHOBEE FL 34972

*Not New
Incorrect*

Not New (Printed Incorrectly)

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

3197 NW 20th Trail

2601 NW 33rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Okeechobee FL

Okeechobee FL

Zip *34972* Country *USA*

Zip *34972* Country *USA*

4. Date Incorporated or Qualified To Do Business in Florida

03/15/1999

5. FEI Number

65-0900294

Applied For

Not Applicable

6. 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ACHESON-NIELSEN, GAIL M	1601 N.W. 33RD AVENUE <i>2601</i>	OKEECHOBEE FL 34972
			100005765071--4 -06/13/02--01034--004 ****458.00 ****450.00 351.25-AR 10.00-ARARIS 88.75-ARsupp

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DRIVE, #37
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

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

Gail Acheson
REGISTERED AGENT MUST SIGN

Date

5/20/02

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:

Gail Acheson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/02 863-763-6423

CR2E040 (8/00)