PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
REINSTATEMENT

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

00 00 6BR

FILED
01 FEB -8 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037005

SP

1. Corporation Name

A.S.A.P. Welding Co., Inc.

2. Principal Office Address	3. Mailing Office Address
2805 Oak Grove Rd	2805 Oak Grove Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33328 Country:	Zip: 33328 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4/23/99

5. FEI Number: 65-0913543 ☐ 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: Neftali Ramirez

500003743375--7
-02/20/01--01076--007
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 2805 Oak Grove Rd

Suite, Apt. #, Etc.:

City: Davie | State: FL | Zip Code: 33328

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: x Neftali Ramirez — Date: x 2/5/2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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/D	Neftali Ramirez	2805 Oak Grove Rd	Davie, FL 33328
S/T/D	Kathy Ramirez	2805 Oak Grove Rd.	Davie, FL 33328

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: x Neftali Ramirez — x 2/5/2001 — (954) 658 9932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Seard Brothers Nursery, Inc.

"A Growing Family"

East Location:
5201 S.W. 41 Street
HOLLYWOOD, FL. 33023
(954) 981-0208

West Loc. & Mailing Address
6640 S.W. 172nd AVENUE
FT. LAUDERDALE, FL. 33331
(954) 434-7681
Fax: (954) 680-2750

My family's business
where we started
Our small
bussiness

E-MAIL: palms@rainforestcollection.com
Internet: www.rainforestcollection.com

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

DATE RETURNED: AUG 20 1999

RECORDED: BOOK 331 PAGE 2025

ROBERT E. LOCKWOOD, CLERK OF COURT

BY SV, DEPUTY CLERK

ML-CE-99-006487
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
NEFTALI NMN RAMIREZ			JUL 12, 1960
3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
DAVIE	BROWARD	FL	COLOMBIA
5a. BRIDE'S NAME (First, Middle, Last)		5b. MAIDEN SURNAME (If different)	6. DATE OF BIRTH (Month, Day, Year)
KATHLEEN MARIE SEARLE			AUG 17, 1956
7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)
DAVIE	BROWARD	FL	FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▶ Neftali Ramirez	AUG 09, 1999
11. TITLE OF OFFICIAL	12. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	▶
13. SIGNATURE OF BRIDE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▶ Kathleen Marie Searle	AUG 09, 1999
15. TITLE OF OFFICIAL	16. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	▶

CIRCUIT & COUNTY COURT 17th JUDICIAL CIRCUIT SEAL Broward County Florida

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
BROWARD	AUG 09, 1999	AUG 12, 1999	OCT 10, 1999

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
▶	DEPUTY CLERK	

CIRCUIT & COUNTY COURT 17th JUDICIAL CIRCUIT SEAL Broward County Florida

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
Aug 12, 1999	Hollywood
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
▶	52 W. Dania Beach Blvd Box 118 Dania Beach FL 33311
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Charles James Minister	▶
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	▶

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

BROWARD COUNTY, FLORIDA
I certify this document to be a true and correct copy of the original.
WITNESS MY HAND AND SEAL
on AUG 20 1999
ROBERT E. LOCKWOOD, Clerk
BY _____ D.C.
(Validated by authorized original signature only)

2-5-01

To Whom It may Concern,

I would like to take a few minutes of your time to explain why we neglected to send in an annual report for our business — A.S.A.P. Welding Co, Inc.

My fiance' at the time, Nefftali Ramirez, and myself were in the process of starting up a new little mobil welding business, as well as planning our wedding which would be set for 8-12-99 and trying to buy our 1st home. Since this was all new to us, and we were very short on funds, my father + 3 brothers who are the owners of Searle Brothers Nursery, told us we could use a little plot of their 10 acre nursery to store our equipement on when not in use at the end of each work day. We thought this would be great especially since we didn't know where we would be living and didn't have any extra money at this time to rent a warehouse. So we opened up A.S.A.P. Welding Comp, Inc + used the address of 6640 SW 172nd Ave, Ft. Laud, Fl. We opened up a business checking account with Nations Bank using the 172nd Ave address for our business and mailing address for the business as well as the address for the occupational license for the city + county.

We closed on our house about the 3rd week of July. We then went to the bank and had the address changed on the business account since we now had a home which had an extra room that we could use as our office. That new address is 2805 Oak Grove Rd, Davie, FL 33328. We also had the address changed for our occupational license too.

June 99

NationsBank, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019

Bank Acct
E 172nd Ave
address

H

Account Reference Information
Account Number: [redacted]
Tax ID Number: [redacted]
E 0 9 C Enclosures 5 62
Statement Period 0372069
06/01/99 through 06/30/99

A.S.A.P. WELDING CO., INC.
6440 SW 172ND AVE
FT LAUDERDALE, FL 33331-1754

Customer Service:
NationsBank, N.A.
P.O. Box 25118
Tampa, Florida 33622-5118
1-800-628-5677 Telephone Banking

NationsBank

NationsBank, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019

July 99

H H

Account Reference Information
Account Number: [redacted]
Tax ID Number: [redacted]
E 0 9 C Enclosures 5
Statement Period 6
07/01/99 through [redacted] 01820

July statement forwarded to Oak Grove

Customer Service:
NationsBank, N.A.
P.O. Box 25118
Tampa, Florida 33622-5118
1-800-628-5677 Telephone Banking

NationsBank®

NationsBank, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019

Aug 99

H

Account Reference Information
Account Number: [redacted]
Tax ID Number: [redacted]
E 0 0 C Enclosures 3 62
Statement Period 0186243
08/01/99 through [redacted]

A.S.A.P. WELDING CO., INC.
C/O NEFTALI RAMIREZ
2805 OAK GROVE RD
DAVIE, FL 33328-6945

Bussines changed to Oak Grove

Customer Service:
NationsBank, N.A.
P.O. Box 25118
Tampa, Florida 33622-5118
1-800-628-5677 Telephone Banking