

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000095605

1. Corporation Name

THE WELSH GROUP, INC.

Principal Place of Business

2229 HICKORY PATH DR.  
CORDOVA TN 38018

Mailing Address

2229 HICKORY PATH DR.  
CORDOVA TN 38018

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

2. New Principal Office Address, If Applicable

Southern Exposure Signs  
Suite, Apt. #, etc.

4930 8th Ave South

City & State

Gulfport, FL

Zip

33707

Country

USA

3. New Mailing Office Address, If Applicable

Southern Exposure Signs  
Suite, Apt. #, etc.

4930 8th Ave South

City & State

Gulfport FL

Zip

33707

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1999

5. FEI Number

59-3611246

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WELSH, DAVID	2229 HICKORY PATH DR. <del>1025 8th Ave S.</del> 4930 8th Ave S. Gulfport, FL	CORDOVA TN 38018  Gulfport, FL 33707

300003532513-0  
-01/11/01--01032--021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

LA BELLE, RICHARD D III  
3446 LAKE DR.  
PALM HARBOR FL 34683

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

*Richard D. III LaBelle*

REGISTERED AGENT MUST SIGN

Date 12/24/00

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

*Richard D. III LaBelle*

Date

Daytime Phone #

727-327-1773

KE



REINSTATEMENT

*JB*

FILED  
00 DEC 29 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E040 (8/00)