

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V66484

1. Corporation Name

EAGLE WELDING SERVICE, INC.

Principal Place of Business

17211 NW 42 PLACE
MIAMI FL 33055

Mailing Address

P.O. BOX 540202
MIAMI FL 33054



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

13081 N.W. 43rd Ave.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 171836

Suite, Apt. #, etc.

Miami, FL. 33054

City & State

City & State

Hialeah, FL.

Zip

33054

Country

Zip

33017

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1992

5. FEI Number

65-0359287

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
PSD	TREMBLE, HERBERT	17211 NW 42ND PLACE 7305 N. Oakmont Dr.	MIAMI FL, 33015
S	TREMBLE, VERNA	17211 NW 42ND PLACE 7305 N. Oakmont Dr.	MIAMI FL 33015
VTD	TREMBLE, HERBERT V II	170 N.E. 151ST ST	MIAMI FL 33162
VTD	TREMBLE, KHOURTNEY	17211 N.W. 42ND PL 18056 S.W. 54 ct.	MIAMI FL 33055 Miramar, FL. 33027
			900008640429 10/29/02--01012--012 **750.00

8. Name and Address of Current Registered Agent

TREMBLE, HERBERT
17211 NW 42 PLACE
MIAMI FL 33055

9. Name and Address of New Registered Agent

Name

Khourtney Tremble

Street Address (P.O. Box Number is Not Acceptable)

13056 S.W. 54 ct.

Suite, Apt. #, Etc.

Mir

City

Miramar

State

FL

Zip Code

33027

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. or 617.0505, F.S.

Signature of
Registered Agent

Khourtney Tremble
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

Khourtney Tremble
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

305-336-3076
Daytime Phone #

CR2E040 (8/02)