

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

DOCUMENT # **V66484**

1. Corporation Name

EAGLE WELDING SERVICE, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

17211 NW 42 PLACE
 MIAMI FL 33055

Mailing Address

P.O. BOX 540202
 MIAMI FL 33054



REINSTATEMENT *or*

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

4. Date incorporated or Qualified To Do Business in Florida

09/24/1992

Suite, Apt. #, etc.

Miami, FL 33054

City & State
Hialeah, FL

5. FEI Number

65-0359287

Applied For

Not Applicable

Zip

Country

33054

Zip

Country

33017

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	TREMBLE, HERBERT	<i>17211 NW 42ND PLACE 7305 N. Oakmont Dr.</i>	MIAMI FL, 33015
S	TREMBLE, VERNA	<i>17211 NW 42ND PLACE 7305 N. Oakmont Dr.</i>	MIAMI FL 33015
VTD	TREMBLE, HERBERT V II	170 N.E. 151ST ST	MIAMI FL 33162
VTD	TREMBLE, KHOURTNEY	<i>17211 N.W. 42ND PL 18056 S.W. 54 ct.</i>	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. 54ct.
 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)