

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

OCT 16 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000012263**

1. Corporation Name

DAY Steel INC.

600008387186--7
-10/15/02--01094--008
***550.00 ***550.00

2. Principal Office Address

3. Mailing Office Address

794 Washburn Rd.

220 Columbia dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne FL

Cape C. FL

Zip Country

Zip Country

32934 Brevard

32920 Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

4-2-01

5. FEI Number

593690575

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

DAVID DAWDY

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

220 Columbia dr

Suite, Apt. #, Etc.

#15

City

Cape C.

State
FL

Zip Code

32920

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9-10-02**

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
D	DAVID DAWDY	220 Columbia dr #15	Cape C. FL 32920
D	Dennis Dawdy	150 Johnson Ave # 3	Cape C FL 32920
Secy	Wayne Mills	114 Buchanan Ave # 62	Cape Canav. FL. 32920

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:

[Signature] **David W Dawdy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02

Date

321-868-6999

Daytime Phone #

CR2E081 (9/00)