

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -1 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105439 LATH CO. INC.

1. Corporation Name  
O & T METAL LATH CO. INC.

**REINSTATEMENT 03-04**

2. Principal Office Address 10620 STANFORD RD. Suite, Apt. #, etc. ----- City & State WIMAUMA -, FLORIDA Zip 33598		3. Mailing Office Address SAME Suite, Apt. #, etc. ----- City & State ----- Zip -----	
Country	Country	Country	Country

800029592548  
03/01/04--01042--025 \*\*300.00

4. Date Incorporated or Qualified To Do Business in Florida  
September 26, 2002

5. FEI Number  
54-2077414  
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  
OSCAR ALTAMIRANO (same as before)

Street Address (P.O. Box Number is Not Acceptable)  
10620 STANFORD RD.

Suite, Apt. #, Etc.  
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City  
WIMAUMA FL. 33598

State  
FL

Zip Code  
33598

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 Oscar Altamirano Date 02-20-2004  
REGISTERED AGENT MUST SIGN

**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.	OSCAR ALTAMIRANO	10620 STANFORD RD. WIMAUMA FL. 33598	WIMAUMA FL. 33598

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: Oscar Altamirano / Oscar Altamirano Date 02-20-04 (813)323-4068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

February 20, 2004

Division of Corporations  
PO Box# 6327  
Tallahassee Fl. 32314

Gentlemen:

As instruted by telephone I am wrting you to reinstate my Corporation since I have foind out that it hasbeen desacitivated by your office because the a-nual uniform form was not received, by, your office, BUT THAT MAY BE BECAUSE WE NEVER RECEIVED SUCH A FORM FOR THE YEAR IN QUESTION, SINCE WE HAVE MOVED TO A DIFERENT ADDRESS WHICH IS SHOWN IN OUR NEW REINSTATEMENT APPLICATION WHICH IS BEING MAILED NOW ALONG WITH A CHECK IN TEH AMOUNT OF \$300.00 dollars to COVER THE RESINTATEMENT FEES FOR TWO YEARS: 2003 and 2004, and hope that we get our REINSATTEMENT NOTIFICATION SO WE CAN CONTINUE TO OFFER OUR SERVICES AND WORK BECAUSE OF THE NEW REQUIREMENTS FOR THE CONSTRUCTION INDUSTRY.-

Respectfully:  
Oscar Altamirano  
President  
O & T Metal Lath Co. Inc.  
10620 Stanford Rd.  
Wimauma Fl. 33598  
P02000105439  
Fed. ID.# 54-2077414