2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE

FILED **DOCUMENT # P03000027988** 1. Entity Name 2008 JAN 30 PM 12: 28 GM STEEL, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 4282 SW 50TH STREET 17300 NE 2ND COURT DANIA BEACH, FL 33314 N. MIAMI BEACH, FL 33162 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 17010 ME LAVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For MIAMI 77-0596012 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Dode Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARRISON, JOSEPH Street Address (P.O. Box Number is Not Acceptable) Suite 214 4282 SW 50 ST DANIA BEACH, FL 33314 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registe 241 SIGNATURE (NOTE: Registered Agent signature required when reinstating In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 teel inc TITLE TITLE Change ☐ Addition ☐ Delete HERBERT MA Martin NAME MARTIN, HERBERT NAME STREET ADDRESS 17300 NE 2ND CT STREET ADDRESS CITY-ST-7IP NMB, FL 33162 CITY-ST-7IP IAM / ☐ Delete TITLE S Change : ☐ Addition TITLE MARTIN, ROBIN H NAME NAME 17300 NE 1 AUG 17300 NE 2ND CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NMB. FL 33162 CITY-ST-ZIP F1 3316 minmi ☐ Delete TITLE √ Change Addition TITLE سروط GARRISON, JOSEPH NAME NAME 4282 SW 50 5+ 17300 NE 2ND CT STREET ADDRESS STREET ADDRESS DANIA BEACK, FI 33314 CITY-ST-ZIP CITY-ST-7/P NMB, FL 33162 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 700116457627 01/30/08--01033--011 **30 NAME NAME STREET ADDRESS **300.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR