FILED 06 DEC 14 PM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

182

2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT_06

DOCUMENT # P95000037815

1. Entity Name
ADDISON STRUCTURAL SERVICES, INC.

Principal Place of Business	Mailing Address
1920 LEDO RD ALBANY, GA 31706	P O BOX 19208 PHOENIX, AZ 85005

40 12122006 REIN-P CR2E098 (11/06)

2. Principal Place of Business		3. Mailing Address	
		P. O. Box 19028	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Phoenix, AZ	
City & State		City & State	
Zip	Country	Zip 85005	Country

4. FEI number 58-2178447 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 registered agent.

SIGNATURE: Connie Bryan 12/14/2006
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, MICHAEL R 1841 W. BUCHANAN PHOENIX, AZ 85007	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERMAN, SCOTT D 1841 W. BUCHANAN PHOENIX, AZ 85007	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: [signature] 12-13-06 602-452-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Scott D Sherman Vice President

Florida Department of State

Division of Corporations

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Division of Corporations
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From:
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Account Number : FCA000000023
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Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

ADDISON STRUCTURAL SERVICES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	~~$750.00~~

$150.00

Please note paper fees

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