

pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000006835			
1. Corporation Name 2-K Steel Products, Inc.			
2. Principal Office Address - No P.O. Box # 65 Murray Circle Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 1372 Suite, Apt. #, etc.	
City & State Ashville, AL		City & State Ashville, AL	
Zip 35953	Country St. Clair	Zip 35953	Country St. Clair
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
4. Date Incorporated or Qualified To Do Business in Florida 12-06-2000			
5. FEI Number 63-1121844		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required for Certificate of Status			
☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.			
Signature of Registered Agent Danny Verdecchia, Jr. Asst. Secretary		Date 02-10-2010	
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	Kimberly H. Kimbrough	65 Murray Circle	Ashville, AL 35953
V	Kalvin B. Kimbrough	65 Murray Circle	Ashville, AL 35953
10. E-mail Address: <u>kkimbrough@2ksteel.com</u> (To be used for future annual report notification)			
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. I further certify, 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: <u>Kalvin B. Kimbrough</u>		2-9-2010 (205) 594-5466	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

REINSTATEMENT 01-10

2/11/11
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**CORPORATION REINSTATEMENT
2-K STEEL PRODUCTS, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$2,100.00