PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

FILED
03 MAR 10 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091393

1. Corporation Name
AAA STEEL FABRICATORS INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1811 NW 16TH ST | 1811 NW 16TH ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: POMPANO BCH FL | City & State: POMPANO BCH, FL. |
| Zip: 33069 Country: BROWARD | Zip: 33069 Country: BROWARD |

500013787345
03/10/03--01054--011 **300.00

4. Date Incorporated or Qualified -To Do Business in Florida - OCT. 18, 1999

5. FEI Number 65-0955036 ☐ 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: TOM JULIAND
Street Address (P.O. Box Number is Not Acceptable): 12044 CLASSIC DR
Suite, Apt. #, Etc.:
City: CORAL SPRINGS State: FL Zip Code: 33071

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 _____ Date 3-6-3
REGISTERED AGENT MUST SIGN

CR2E081 (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 |
|---|---|---|---|
| PRES | TOM JULIAND | 12044 CLASSIC DR ~~CORAL SPRINGS FL~~ | CORAL SPRINGS FL 33071 |
| V.P | GARY SHERIFF | 4739 NW 119 AVE | Coral Springs FL 33076 |
| | | | |
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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: _____ 3-6-3 954-969-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gt 3/11