

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR -2 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 235785

1. Corporation Name

Schuff Steel-Atlantic, Inc.

800067940128

03/16/06--01003--020 \*\*900.00

2. Principal Office Address

7351 Overland Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

7351 Overland Rd.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32810

Country

USA

City & State

Orlando, FL

Zip

32810

Country

USA

REINSTATEMENT 05-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/25/1960

5. FEI Number

590900504

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Maria Ozaeta

Maria Ozaeta  
Vice President

Date

3/1/06

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
PD	Glen S. Davis	7351 Overland Rd	Orlando, FL 32810
VB	Scott A. Schuff	1841 W. Buchanan	Phoenix, AZ 85007
S	Kimberly H. Bihari	7351 Overland Rd	Orlando FL 32810
T	Michael R. Hill	1841 W. Buchanan	Phoenix, AZ 85007
V	Dean A. Campbell	7351 Overland Rd	Orlando, FL 32810
V	James E. Roach	1705 Enterprise Dr.	Budford, GA 30518

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 contained in Chapter 119, 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: Kimberly H. Bihari, Kimberly H. Bihari

Date

1/31/06

Daytime Phone #

407-295-6484