


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 358169</b>		
1. Entity Name <b>FOOTE STEEL CORPORATION</b>		

Principal Place of Business <b>6635 EDGEWATER DRIVE ORLANDO, FL 32810 US</b>	Mailing Address <b>PO BOX 607736 ORLANDO, FL 32860-7736 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6635 Edgewater Dr</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>	
Zip <b>32810</b>	Country <b>USA</b>	Zip <b>32810</b>	Country <b>USA</b>

**FILED**

**06 DEC -7 PM 4:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**REINSTATEMENT**

4. FEI Number <b>59-1280711</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>FOOTE, GEORGE E 208 E. 2ND AVE WINDERMERE, FL 34786</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *George E Foote* *George E Foote* *11/28/06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOOTE, GEORGIANA G 1100 S. DELANEY AVE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500082358015</b> <b>12/07/06--01033--010 **758.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOOTE, AGNES Y 208 E 2ND AVE WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOOTE, GEORGE E. JR. 6635 EDGEWATER DR ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, GEORGE T JR 6635 EDGEWATER DR. ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *George T Stewart Jr* *George T Stewart Jr* *11/28/06* *4072930120*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DEC - 7 2006**