

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 406206

1. Corporation Name

COPELAND STEEL ERECTORS, INC.

Principal Place of Business

Mailing Address

3620 COPELAND DR.  
ZEPHYRHILLS FL 33540  
US

P.O. BOX 2087  
ZEPHYRHILLS FL 33539  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/03/1972

5. FEI Number

59-1574024

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)      | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                                               |
|---------------|--------------------------------------|---------------------------------------------------|------------------------------------------------------------------|
| 1             | 2                                    | 3                                                 | 4                                                                |
| PCEO          | MORROW, D. WILLIAM                   | 4902 S. WALLACE ROAD                              | PLANT CITY FL 33567                                              |
| <del>VP</del> | <del>BAILEY, RICK</del>              | <del>5211 LANDSMAN AVENUE</del>                   | <del>TAMPA FL 33825</del>                                        |
| V             | BETTON, MARK                         | 3620 COPELAND DRIVE                               | ZEPHYRHILLS, FL 33540                                            |
|               |                                      |                                                   | 200003447732-1<br>-11/01/00--01109--017<br>****750.00 ****750.00 |
|               |                                      |                                                   |                                                                  |
|               |                                      |                                                   |                                                                  |
|               |                                      |                                                   |                                                                  |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORROW, D. WILLIAM  
4902 S. WALLACE ROAD  
PLANT CITY FL 33567

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*D. William Morrow*  
REGISTERED AGENT MUST SIGN

Date

10-16-00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. WILLIAM MORROW

Date

Daytime Phone #

10-16-00 813-715-0404

CR2E040 (8/00)