PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** ISION OF CORPORATION **FOR** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 00 OCT 19 AM 9:48 DOCUMENT # 406206 1. Corporation Name COPELAND STEEL ERECTORS, INC. Mailing Address Principal Place of Business 3620 COPELAND DR. P.O. BOX 2087 ZEPHYRHILLS FL 33539 ZEPHYRHILLS FL 33540 HS 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 4. Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 59-1574024 City & State City & State Zip Country Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director Title(s) PLANT CITY FL 33567 **PCEO** MORROW, D. WILLIAM 4902 S. WALLACE ROAD 5211 LANDSMAN AVENUE TAMPA-FL-33825 BAILEY, RICK ZEPHYRHILLS, FL 33540 BETTON, MARK 3620 COPELAND DRIVE Vĕ \*\*\*\*750\_00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MORROW, D. WILLIAM Street Address (P.O. Box Number is Not Acceptable) 4902 S. WALLACE ROAD Suite, Apt. #, Etc. PLANT CITY FL 33567 ogreporation, am familiar with and accept the obligations of Section 607.0505. F.S. 10. I, being appointed the registered agent 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.

AGENT MUST SIGN

Signature of Registered Agent

REGISTERED

10-16-08 813-115-0404

Date Dayline Phone #

State Zip Code

08/03/1972

Applied For

\$8.75 Additional Fee required

for a Certificate of Status

Not Applicable