

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 438736

1. Corporation Name

SOUTHERN METAL BUILDINGS CO.

Principal Place of Business

5844 COMMERCE DRIVE
SUITE G
ORLANDO FL 32839

Mailing Address

5844 COMMERCE DRIVE
SUITE G
ORLANDO FL 32839

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 103

City & State

ORLANDO FLORIDA

Zip

32839

Country

Suite, Apt. #, etc.

SUITE

City & State

Zip

Country

FILED

NOV 15 AM 8 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MWB
11-20-96

REINSTATEMENT

1996

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1973

5. FEI Number

59-1498106

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WOLTERS, TERRY L	5844 COMMERCE DRIVE SUITE G	ORLANDO FL

300002010763-4
11/21/96 01023-005
375.00 375.00

8. Name and Address of Current Registered Agent

WOLTERS, TERRY L
5844 COMMERCE DRIVE
SUITE G
ORLANDO FL 32839

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date 20 OCT 96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director of the corporation 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]
TERRY L WOLTERS

20 OCT '96 (407) 826-0780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #