	ALL INSTRUCTIONS BEFORE	
APPLICATION • FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State Division of Corporations	
DOCUMENT # U42100		53 FEB 101 11 : 30
ALLIED STEEL FABRICATORS, INC.		SCONFWAR GA STATE WAT AFMACLE, FLORIDA
Principal Place of Business Mailing Address		
5209 24th Avenue South Tampa, Florida 33619		REINSTATEMENT 95-99
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 Ne		4 Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc	Suite, Apl #, etc	5. FEI Number Applied For
City & State	City & State	59-2000837 6. \$8.75 Additional Fee required
Zip Country	Zip Country	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Title(s) Name of Officers and/or Directors	or Director (Florida nonprofit corporations must list at Street Address of E.a Officer and/or Direct 3 (Do NOT Use Post Office Boi	ich for City / State / Zip
Pres Rocco Marasco	6127 Galleon Wa	y Tampa, ¹ Florida=3961501 -02/09/9901054 00*09/9901054 00*09/9901054033 ***1350.00 ***1350.00
8. Name and Address of Current F	Name Ro Street Address 6 Suite, Apt #, Fl City	9. Name and Address of New Registered Agent Occo Marasco (P.O. Box Number is Not Acceptable) 127 Galleon Way tec Ampa State Zip Code 33615
10 I, being appointed the registered agent of the above	· · · · · · · · · · · · · · · · · · ·	
Signature of Registered Agen	CONTRACT MUST SIGN	Date 1/3/99.
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 🖾 (See other side for information on intangible tax.)		
this reinstatement application, the reason for dissol owed by the corporation have been paid and the n	ution has been eliminated, the corporate name satisfie	provided for in chapter 607 or 617, F.S. I further certify that when filing s the requirements of section 607.0401 or 617.0401, F.S., that all fees ir an exemption under section 119.07(3)(i), F.S. The information indicated er oath.
	TED NAME OF SIGNING OFFICER OR DIRECTOR	2/3/98 813-621-944/ Date Daytone Prome #