Florida Department of State

Division of Corporations
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RE-SUBMIT

Please retain original filing date of submission 9/27

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
GULF SOUTH SCAFFOLDING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$900.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F09000005071

1. Corporation Name
Gulf South Scaffolding, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
580 Ford Industrial Rd.	580 Ford Industrial Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Morgan City, LA	City & State: Morgan City, LA
Zip: 70380 Country:	Zip: 70380 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12-18-2009

5. FEI Number: 721480914 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Lisa DuBois Asst. Secretary — REGISTERED AGENT MUST SIGN

Date: 9-7-2012

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. CEO	Ryan Robichaux	580 Ford Industrial Rd.	Morgan City, LA 70380
		11-12	OCT 01 2012
	REINSTATEMENT		T. SCOTT

10. E-mail Address: regan@gssimail.net
(To be used for future annual report notification)

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 with 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ryan Robichaux 9/27/12 985-354-4043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL810 - 01/18/2011 CT System Online