

Document Number Only  
**F95000003636**

C T CORPORATION SYSTEM  
 Requestor's Name  
 660 East Jefferson Street  
 Address  
 Tallahassee, Florida 32301  
 City State Zip Phone  
 904-222-1092  
**CORPORATION(S) NAME**

W95-15677  
 200001546632  
 -07/26/95--01014--033  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00  
 200001546632  
 -07/26/95--01014--034  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75

Midwest Steel, Inc.  
 dbba M/W Construction, Inc.

- ☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☒ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Certified Copy  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out
- ☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies  
☐ Call If Problem  
☐ Will Wait
- ☐ Merger  
☐ Mark  
☐ Other  
☐ Change of R.A.  
☐ Fictitious Name  
☒ CUS/ G/S  
☐ After 4:30  
☒ Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

7/26/95  
 3:00

PLEASE RETURN EXTRA COPY(S)  
 FILE STAMPED  
 JUL 26 PM 2:51  
 TALLAHASSEE, FLORIDA  
**FILED**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

95 JUL 27 PM 2:42  
DIVISION OF CORPORATIONS

July 27, 1995

CT SYSTEM

SUBJECT: M/W CONSTRUCTION, INC.  
Ref. Number: W95000015077

*dlb/la  
Midwest Steel Erection, Inc.*

We have received your document for M/W CONSTRUCTION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The name stated on your resolution is not available. Therefore, you must adopt another name for use in the state of Florida. After a new name is chosen please call 488-9000 and check with name availability to see if it is available.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson  
Document Specialist

Letter Number: 195A00035578

*FEI # 38-2871555*

*Should have filing date  
of July 26<sup>th</sup>*

*Thanks!*

*Walk-In  
Will-Wait  
7/27/95  
3:00*

**ACTION BY UNANIMOUS WRITTEN CONSENT  
SOLE DIRECTOR  
MIDWEST STEEL, INC.  
EFFECTIVE JULY 12, 1995**

The undersigned, being the Sole Director of Midwest Steel, Inc., a Michigan corporation ("Corporation"), does hereby adopt the following resolution by written consent:

**RESOLVED**, That Midwest Steel, Inc. organized and existing in the State of Michigan, hereby adopts the name Midwest Steel Erection, Inc. for use in the State of Florida.

Executed by the Sole Director of the Corporation on the date indicated below, effective July 19, 1995.

Dated:

  
\_\_\_\_\_  
Kip D. Anderson

G:\PAUL\ENB\W\H\ST.MIN

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. MIDWEST STEEL, INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or  
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person  
or partnership if not so contained in the name at present.)

2. Michigan

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. February 16, 1989

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 1604 EAST AVIS, MADISON HEIGHTS, Michigan 48071

(Current mailing address)

8. TO ERECT, FABRICATE, REPAIR AND REMODEL STRUCTURAL STEEL.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of  
Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine  
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place  
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I  
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,  
and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

Claudia L. Davis

(Registered agent's signature) (Officer)

Asst. Secy.

(Type Name and Title of Officer)

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TALLAHASSEE, FLORIDA

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: KIP D. ANDERSON

Address: 1604 EAST AVIS

MADISON HEIGHTS, Michigan 48071

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: GARY BROAD

Address: 1604 EAST AVIS

MADISON HEIGHTS, Michigan 48071

Vice President: KIP D. ANDERSON

Address: 1604 EAST AVIS

MADISON HEIGHTS, Michigan 48071

Secretary: SHELDON D. SMITH

Address: 1604 EAST AVIS

MADISON HEIGHTS, Michigan 48071

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TALLAHASSEE, FLORIDA

Treasurer: SHELDON D. SMITH

Address: 1604 EAST AVIS

MADISON HEIGHTS, Michigan 48071

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

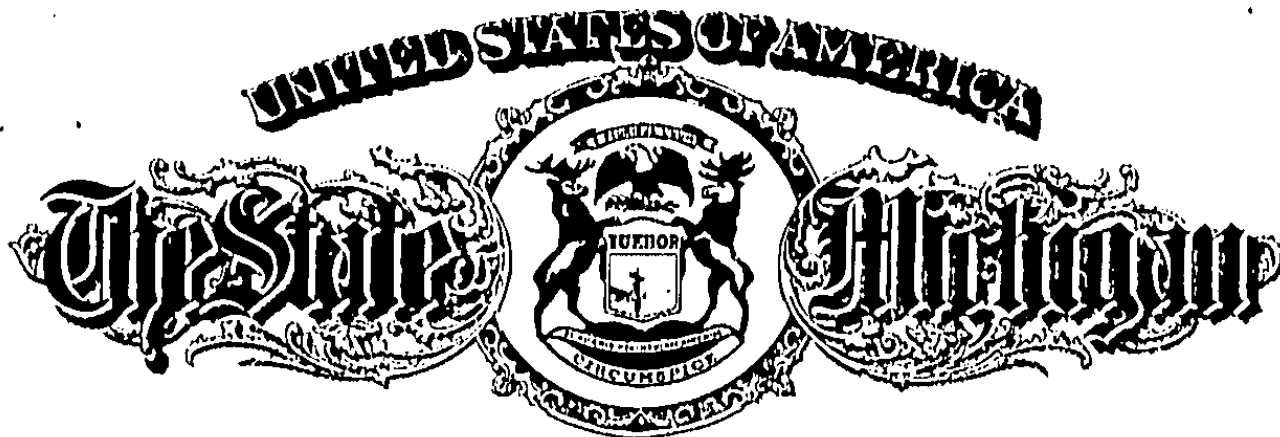
13.

Kip D. Anderson  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KIP D. ANDERSON, Director

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Lansing, Michigan

*This is to Certify That*

**MIDWEST STEEL, INC.**

*was validly incorporated on February 16, 1989, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this State.*

*This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of July, 1995.*

*Carl L. Lysor* , Director  
Corporation & Securities Bureau

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 JUL 26 PM 2:51

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 DEC 26 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003636

1. Corporation Name

MIDWEST STEEL ERECTION, INC.

Principal Place of Business

1004 E. AVIS  
MADISON HEIGHTS MI 48071

Mailing Address

1004 E. AVIS  
MADISON HEIGHTS MI 48071

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

2. New Principal Office Address, if Applicable  
2525 E. Grand Blvd.  
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable  
2525 E. Grand Blvd.  
Suite, Apt. #, etc.

City & State  
Detroit, MI

Zip 48211 Country

City & State  
Detroit, MI

Zip 48211 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/1995

5. FEI Number

38-2871555

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)

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
ST	SMITH, SHELDON D	1804 E. AVIS 2525 E. Grand Blvd.	MADISON HEIGHTS MI 48071 Detroit, MI 48211
VD	ANDERSON, KIP D	1804 E. AVIS 2525 E. Grand Blvd.	MADISON HEIGHTS MI 48071 Detroit, MI 48211
P	BROAD, GARY	1804 E. AVIS 2525 E. Grand Blvd.	MADISON HEIGHTS MI 48071 Detroit, MI 48211

REINSTATEMENT

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

TANYA M. VILLAR  
REGISTERED AGENT

Date

12-18-96

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 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

Sheldon Smith

10/9/96

Date

810-589-9900

Daytime Phone #