## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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			To I Haya Share Hadd		
DOCUMENT # 440895			97 JAN 21 AN 7:39		
1. Corporation Name  EAST BAY STEEL INC.			SECRETARY OF STATE		
ENST ON STREET HO.			TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					
6129 LEWIS AVE	PO BOX 2		REINCTATE		
GIBSONTON FL	GIBSONTO	N FL	REINSTATEMENT 96+97		
33534	33 <i>534</i>		1/23/97		
If above addresses are incorrect in any way, line through incorrect information and enter correction belo  2. New Principal Office Address, If Applicable  3. New Mailing Address. If Applicable			1 DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified		
			To Do Business in Florida FER 4. 1985		
Suite, Apt. #, etc. Suite, Apt. #, et			5. FEI Number Applied For		
City & State	City & State		59-2501062 Not Applica		
Zip Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required at Certificate of States		
7. Names and Street Addresses of Each Officer an	id/or Director (Florida nonpi	rofit corporations must list at le	east 3 directors)		
Title(s) Name of Officers and/or Directors		Street Address of Ead Officer and/or Directo	or City / State / Zip		
1 2	3 (	Do NOT Use Post Office Box I و 2 م			
P/D DALE E SMITH	9	hearton Fr	33(34)		
1911 W. Nath St.					
Y JANET L. SCRUGGS Jampe, F		noe FL 37605	<b>y</b>		
6/29 20		25 Levis Ave	•		
S/O PAUL D. SMITH SLIBSON		bsonton, FL 33	3534		
T/D CHARLES E COUTH		4 Green brian	r Or		
170 CHARLES E.SMITH Branden		randon, tC			
		•	-01/24/9701031018		
			****923.75 ****923.7!		
B. Name and Address of Curren	nt Registered Agent		9. Name and Address of New Registered Agent		
DELFRED & BRUSES		Name			
DELFRED & BEYERS 205 Apollo BEACH BLIP #107 Apollo BEACH, FL 33572		Street Address (	Street Address (P.O. Box Number is Not Acceptable)		
005 Abomo BEUCH Pro # 107		Suite. Apt. #. Etc	Suite, Apt. #, Etc.		
ADOLLO BEACH, FL 3	3572				
		City	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.					
Agnature of () O O O O O					
Registered Agent Date 113 19					
11. Does this corporation pay any intangible tax to the					
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, F.S., and that a fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if mad					
under oath					