

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

1996 DEC 30 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K 65425**

1 Corporation Name

Atlas Iron Processors, Inc.

Principal Place of Business

Mailing Address

**8550 Aetna Road
Cleveland, Ohio 44105**

Same

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable

3 New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

February 14, 1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1614651

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATEMENT**

al 12/30/96

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

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
C	Anthony J. Giordano, Sr.	8550 Aetna Road	Cleveland, Ohio 44105
P	Anthony J. Giordano, Jr.	8550 Aetna Road	Cleveland, Ohio 44105
T	David Giordano	8550 Aetna Road	Cleveland, Ohio 44105
S	Jerry L. Nalipa	8550 Aetna Road	Cleveland, Ohio 44105

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324**

Name

Street Address (P.O. Box Numbers Not Allowed)

000002046360--0

Suite, Apt. #, Etc.

-01/06/97--01017--005

******383.75 ****383.75**

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

12/30/96

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 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 or 617.0401, F.S., and that all 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 made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry L. Nalipa

Date

12/28/96

Daytime Phone #

(216) 441-3800