

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002 LLC
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000018812

Name and Mailing Address

02 NOV -5 AM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006365 01 FP 0.352 **PRSRT TO O 0615 33511-410412



AMERICAN METAL SPECIALITIES, LLC
1018 WEST BRANDON BLVD.
SUITE 11B
BRANDON FL 33511-4104



05/15/02 90059 015 \$50

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/31/2001

Principal Place of Business

1018 WEST BRANDON BLVD.
SUITE 11B
BRANDON FL 33511

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

FELDMAN, ROXANA
1018 WEST BRANDON BLVD.
SUITE 11B
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name

Arnold Brown

Street Address (P.O. Box Number is Not Acceptable)

6251 44TH ST N #1921

City

Pinellas Park

FL

Zip Code

33781

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Arnold Brown
REGISTERED AGENT MUST SIGN

Date 10-31-02

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|------------------------|
| M | Elastizell Corp of Fla, Inc | 6251 44TH ST N #1921 | Pinellas Park FL 33781 |
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The \$50 regular fee was paid per attached check. This \$100 covers the delay for not submitting the report

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

John C. Schuch
Elastizell Corp

Date 10/31/02 Daytime Phone # 727-522-2424

Typed or printed name of signing Managing Member/Manager Elastizell by John C Schuch