

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -3 AM 9:35

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 202000016041

1. Limited Liability Company's Name

Florida Steel Trusses, LLC

2. Principal Office Address

13855 Lakepoint Dr

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33762

Country

Pinellas

3. Mailing Office Address

Same As 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Pinellas

5. Date Organized or Qualified
To Do Business in Florida

6/25/2002

6. FEI Number

03-0474026

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

Name

George Frey

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

13855 Lakepoint Drive

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33762

9. 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/1/2005

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	George Frey	13855 Lakepoint Drive	Clearwater, FL 33762
VP	Richard Jaragoske	2849 LaConcha Drive	Clearwater, FL 33762

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11. 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

[Signature]

Date 11/1/05

Daytime Phone # 727 532-9814

Typed or printed name of signing Managing Member/Manager