

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 L02000016041
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

03 NOV 25 PM 12:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016041

Name and Mailing Address

0010237 01 AT 0.292 **AUTO T7 3 0615 33773-343460

12360 66TH STREET NORTH, SUITE G

FLORIDA STEEL TRUSSES L.L.C.

12360 66TH STREET NORTH, SUITE G

LARGO FL 33773-3434

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/25/2002	
Principal Place of Business 12360 66TH STREET NORTH, SUITE G LARGO FL 33773	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0474026	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent JARAGOSKE, RICHARD 12360 66TH STREET NORTH, SUITE G LARGO FL 33773		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300025026463 11/25/03--01024--016 **150.00 City FL Zip Code	
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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 Richard Jaragoske **SIGNATURE REQUIRED** Date 10/17/03

REGISTERED AGENT MUST SIGN

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
Pres	George J. Frey III	13855 Lake N. Dr	Clearwater, FL 33762
V. Pres	Richard Jaragoske	2849 La Concha Dr	Clearwater, FL 33762

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 Hubert N. Reuter **SIGNATURE REQUIRED** Date 10/17/03 Daytime Phone # 727-532-9814

Typed or printed name of signing Managing Member/Manager Hubert N. Reuter

CR2E084 (7/03)