

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 AUG -6 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 05000088457

1. Limited Liability Company's Name

Steel Structures Detailers, LLC

000250487780  
000250487780  
08/06/13--01024--001 \*\*\$655.00

2. Principal Office Address - No P.O. Box #

111 Elm Sq. So.  
Suite, Apt. #, etc. -

3. Mailing Office Address

111 Elm Sq. So.  
Suite, Apt. #, etc. -

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

2009

City & State

Lakeland, FL

City & State

Lakeland FL

6. FEI Number

26-012-4358

Applied For

Not Applicable

Zip

33813

Country

FL

Zip

33813

Country

FL

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Jose Alejandro Urmeneta  
Street Address (P.O. Box Number is Not Acceptable) 111 Elm Square South  
Suite, Apt. #, Etc. -  
City Lakeland State FL Zip Code 33813

E-mail Address:

au@SteelStructuresDetailers.com

(To be used for future annual report notices)

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]

Date 08-01-2013

REGISTERED AGENT MUST SIGN

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       |
|--------|-------------------------------------|---|--------------------------|
|        | <u>MGRM Jose Alejandro Urmeneta</u> | <u>111 Elm Sq. So.</u>                          | <u>Lakeland FL 33813</u> |
|        | <u>MGRM Sara Jane Dixon</u>         | <u>111 Elm Sq. So.</u>                          | <u>Lakeland FL 33813</u> |

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager X JOSE ALEJANDRO URMENETA

Date 08-01-13 Phone # 863-816-5140

Typed or printed name of signing Managing Member/Manager