

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

18 AUG -6 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 05000088457

1. Limited Liability Company's Name

Steel Structures Detailers, LLC

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. -

City & State

Lakeland, FL

City & State

Lakeland FL

Zip

33813

Country

POIK

Zip

33813

Country

POIK

4. State/Country of Formation

POIK

5. Date Organized or Qualified
To Do Business in Florida

2009

6. FEI Number

26-012-4358

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

000250 487780

000250 487780

08/06/13--01024--001 **655.00

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 X

Jose Alejandro Urmeneta

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

Daytime Phone #

863-816-5140

Typed or printed name of signing Managing Member/Manager