

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000003035

1. Limited Liability Company's Name

RSM Steel Systems, LLC

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

2222 21st Street Court East

Suite, Apt. #, etc.

City & State

Palmetto, FL

Zip

34221

Country

USA

3. Mailing Office Address

2222 21st Street Court East

Suite, Apt. #, etc.

City & State

Palmetto, FL

Zip

34221

Country

USA

8. Name and Address of Current Registered Agent

Name

Robert W. Scholl

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

2222 21st Street Court East

Suite, Apt. #, Etc.

City

Palmetto, FL

State

FL

Zip Code

34221

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

Robert W. Scholl

REGISTERED AGENT MUST SIGN

Date

2-27-09

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
MGR	Robert W. Scholl	2222 21st Street Court East	Palmetto, FL 34221
MGR	Samuel McLaughlin	9793 Iris Street	Westminster, CO 80021

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

Robert W. Scholl

Date

2-27-09

Daytime Phone #

941-232-6686

Typed or printed name of signing Managing Member/Manager

Robert W. Scholl, Manager

FILED

2009 MAR -3 PM 12:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**700144877097
03/03/09--01032--016 **516.25**

CR2E041 (10/08)

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **Jan. 10, 2006**

6. FEI Number
20-4072877

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

RECEIVED AGENT 07-09
CE 34-09