

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000122333

1. Limited Liability Company's Name

Discount Metal Supply ,llc

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

3350 hanson st

Suite, Apt. #, etc.

E

City & State

Ft myers fl

Zip

33916

Country

usa

3. Mailing Office Address

3350 hanson st

Suite, Apt. #, etc.

E

City & State

ft myers fl

Zip

33916

Country

usa

8. Name and Address of Current Registered Agent

Name

John Bechdel

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

6649 plantation presserve cir..

Suite, Apt. #, Etc.

City

Ft myers fl

State

FL

Zip Code

33966

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**

REGISTERED AGENT MUST SIGN

Date

10-8-08

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
mgrm	John Bechdel	6649 plantation presserve cir..	ft myers fl 33966
mgrm	Brian Karnatz	3939 e river dr	ft myers fl 33916

REINSTATEMENT 07,08

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**

Date

10-8-08

Daytime Phone #

239-694-3215

Typed or printed name of signing Managing Member/Manager

Brian Karnatz

FILED

08 OCT 15 PM 12:15

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

**300136866853
10/13/08--01027--006 **377.50**

CR2E041 (10/08)

**4. State/Country of Formation
florida**

**5. Date Organized or Qualified
To Do Business in Florida 12/26/06**

**6. FEI Number
450557195**

☐ **Applied For**

☐ **Not Applicable**

7. CERTIFICATE OF STATUS DESIRED ☐

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