

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004233

1. Limited Liability Company's Name

Central Florida Metals, LLC

2. Principal Office Address

1301 ATLANTA Ave
Suite, Apt. #, etc.

3. Mailing Office Address

1301 ATLANTA Ave
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. State/Country of Formation

FLORIDA/USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

59-3578496

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael Wilson

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

1741 King Edward DR

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

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**

Michael Wilson

Date 10-15-04

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
MAN Member	Ryan E. Wilson	1741 King Edward DR	Kissimmee, FL 34744
MAN Member	Michael Wilson	1741 King Edward DR	KISSIMMEE, FL 34744

REINSTATEMENT 2004

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**

Michael Wilson

Date 10-15-04

Daytime Phone #

907-650-3885

Typed or printed name of signing Managing Member/Manager

Michael Wilson

CR2EDM1 (10/02)