

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -2 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Century Steel LLC

Document Number: M00000002286

2. Principal Office Address

300 East Joe Orr Road

3. Mailing Office Address

875 North Michigan Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3707

City & State

Chicago Heights, IL

City & State

Chicago, IL

Zip

60411

Country

U.S.A.

Zip

60611

Country

U.S.A.

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

Nov. 3, 2000

6. FEI Number

36-4349621

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

James M. Halpin

REGISTERED AGENT MUST **Assistant Secretary**

Date **10/25/01**

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	Richard Hokin	800 Post Road	Darien, CT 06820
MGR	James T. Reid	300 East Joe Orr Road	Chicago Heights, IL 60411

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 **10/22/01**

Daytime Phone # **708-758-0900**

Typed or printed name of signing Managing Member/Manager

James T. Reid

CR2E041 (9/01)