## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

## 1. DOCUMENT # M0000002362

Name and Mailing Address

0008268 01 FP 0.352 \*\*PRSRT T5 0 0615 76039-063737-Hardalladlamaffalallamillamillamiadialadialadia DERR STEEL ERECTION - SOUTHEAST, L.L.C. P.O. BOX 637 EULESS TX 76039-0637

FILED 02 OCT 31 PM 12: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA



13400 TRINITY BLVD. EULESS TX 76040  City, State, Zip  T5-2876658  Not Applicable  City, State OF STATUS DESIRED  Street Address of New Registered Agent  PLANTATION FL 33324  Michael E. Jones Assistant Secretary  Assistant Secretary  Title(s)  Name and Address of New Registered Agent  Assistant Secretary  City  FL  Zip Code  Title(s)  Name and Address of New Registered Agent  Name  City  FL  Zip Code  Title(s)  Name and Address of New Registered Agent  Name  City  FL  Zip Code  Title(s)  Name and Address of New Registered Agent  Name  City  FL  Zip Code  Title(s)  Name of Managing  Member/Manager  Name of Managing  Member/Manager  Title(s)  Name of Managing  Member/Manager  Name of Managing  Name of Manag	2. New Mailing Address					ry of Formation	TO SEE JOINES	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
13400 TRINITY BLVD. EULESS TX 76040  City, State, Zip  T5-2876658  Not Applicable TO CERTIFICATE OF STATUS DESIRED  Street Address of Current Registered Agent  Particular of Status  8. Name and Address of New Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Michael E. Jones Assistant Secretary  Title (a)  Michael E. Jones Assistant Secretary  Title (b)  Michael E. Jones Assistant Secretary  Title (c)  Date  DISTRED AGENT MUST SIGN  Date  P. D. BOX 837  EULESSTX 78639  Title (c)  P. D. BOX 837  EULESSTX 78639  Title (c)  Title (c)  P. D. BOX 837  EULESSTX 78639  Title (c)  Title (d)  Title (	City, State, Zip					5 Date Organized or Qualified			
EULESS TX 76040  City, State, Zip  7. CERTIFICATE OF STATUS DESIRED  Status  8. Name and Address of Current Registered Agent  P. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  To Joe Code  10. I, being appointed the registered Agent  Signature of Agent  Signature of Registered Agent  Signature of Regist	13400 TRINITY BLVD.		3. New Principal Place of Business Address		<u> </u>		<del>    ''</del>		
Name   Street Address (P.O. Box Number is Not Acceptable)			City, State, Zip		CEDITIEICATE OF STATUS DECIDED 55.00 Additional Fee required				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Michael E. Jones Assistant Secretary  City FL Zip Code  City FL Zip Code  10. I, being appointed the registered agent profile above nailyed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Policy agent profile above nailyed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Managing Member/Manager  11. Names and Street Addresses of Each Managing Member/Manager  Name of Managing Member/Manager  P DERR, ROBERT W P.D. 80X 837  EVILESTX 78039  V ISBELL, DAN L P.D. BOX 637  EVILESTX 78039  12. Locatity that I am managing member/manager of the rocaffer or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the place of a fis fourth has been altiminated the limited liability corporary name satisfies the requirements of section 608 466, F.S. and that as if made under cath.  Sirpature of Title (a) Name of Managing Member/Manager  City State / Zip Code  Date 10 - 2.3 - 0.2  EVILESTX 78039  EVILESTX 78039  12. Locatity that I am managing member/manager of the rocaffer or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application to the provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the place of a fill of the information indicated on this application is true and accurate, and my agnature shall have the same logal effect in graph under oath.		8. Name and Address of Current	Registered Agent	en an analyze per en a carrier et en aun e	9. Name and A	ddress of New Regist	tered Age	ent	
Street Address (P.C. Box Number is Not Acceptable)    Street Address (P.C. Box Number is Not Acceptable)		- /II	_,						
### Assistant Secretary    10. I, being appointed the registored agent one above naryed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.   Signature beta	1200 SOUTH PINE ISLAND ROAD			Street Address	treet Address (P.O. Box Number is Not Acceptable)				
10. I, being appointed the registoryd agent arms above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent    Date   10 - 23 - 02	1		Michael E. Jones Assistant Secretary	City	++		FL	Zip Code	
Title(s)  Name of Managing Members/Managers  P. DERR, ROBERT W  P. D. 80X 637  EULESTX 76039  V ISBELL, DAN L  P. D. 80X 637  EULESTX 76039  2000  10.31.02-01061-003 ***150.00  10.31.02-01061-003 ***150.00  10.31.02-01061-003 ***150.00  10.31.02-01061-003 ***150.00  10.31.02-01061-003 ***150.00  10.31.02-01061-003 ***150.00	Signature of		mo	am familiar with a	nd accept the obliga			-02	
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V ISBELL, DAN L P. 0. BOX 637  EULESTX 78039  201013730322  10. 31. 02-01061009 **150.00  12. I certify that I am managing member/manage or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the feasor for isoplusion 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 has been raid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect signature of			Stre			City / State / Zip			
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Signature of	12. I certify filing thi	that I am managing member/manager of s reinstatement application the reason for	the receiver or trustee empowered to	o execute this app	plication as provide	d for in chapter 608, F.	S. I furth	er certify that when	
	Signature of		been raid. The information indicated					ľ	

/ped or printed name of signing Managing Member/Manager