

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 # M00000002362

Name and Mailing Address

0008268 01 FP 0.352 **PRSR T5 0 0615 76039-063737

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



2. New Mailing Address City, State, Zip		4. State/Country of Formation TX	
Principal Place of Business 13400 TRINITY BLVD. EULESS TX 76040		5. Date Organized or Qualified To Do Business in Florida 11/17/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 75-2876658	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Michael E. Jones Assistant Secretary		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <i>[Signature]</i> Date 10-23-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	DERR, ROBERT W	P.O. BOX 637	EULESSTX 76039
V	ISBELL, DAN L	P.O. BOX 637	EULESSTX 76039

12. 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 *[Signature]* Date 10-22-2002 Daytime Phone # (817) 571-4044

Typed or printed name of signing Managing Member/Manager Robert Derr

CR2E084 (8/02)