

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 FEB -8 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AK



01122006 REIN-LLC CR2E101 (11/05)

DOCUMENT # M04000003557 1. Entity Name STAINLESS WERKS, LLC					
Principal Place of Business 757 S.E. 17TH STREET FT. LAUDERDALE, FL 33069			Mailing Address 757 S.E. 17TH STREET FT. LAUDERDALE, FL 33069		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. 05			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1542863	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> Melody Freeman, Assistant Secretary <i>Melody Freeman, Assistant Secretary</i> </div> <div> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSIGKEIT, HENRY C 30725 AURORA ROAD SOLON, OH 44139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT 2005-2006 </div> <div> 800065831522 02/14/06--01034--012 **200.00 </div> </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Henry C. Kassigkeit</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> - Henry C. Kassigkeit - Manager <small>Date</small> </div> <div> 1/16/06 <small>Daytime Phone #</small> </div> <div> 440-886-0045 </div> </div>					