

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT #

m99/775

00 OCT 24 PM 11:02

1. Limited Liability Company's Name

OLSHER COATED STEEL, LLC

ny

2. Principal Office Address

825 THIRD AVENUE

Suite, Apt. #, etc.

City & State

NEW YORK, NEW YORK

Zip

10022

Country

3. Mailing Office Address

4800 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 200D

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

4. State/Country of Formation

NEW YORK

5. Date Organized or Qualified  
To Do Business in Florida

MAY 21, 1999

6. FEI Number

65-0908940

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

RICHARD C. BAGDASARIAN

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

1800 CORPORATE BLVD, N.W.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

800003458128-2  
-11/09/00--01020--016  
\*\*\*\*155.00 \*\*\*\*155.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-17-00

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
PRES.	MICHAEL OLSHER	6582 LANDINGS COURT BOCA RATON, FL. 33496	BOCA RATON, FL. 33496
VICE PRES.	EDWARD DOWLING	825 THIRD AVENUE	NEW YORK, N.Y. 10022
VICE PRES.	IGOR ZELMANOVICH	6918 ROYAL ORCHID CIR.	DELRAY BEACH, FL. 33446

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

[Signature]

Date 10/18

Daytime Phone # 561-338-7200

Typed or printed name of signing Managing Member/Manager