

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 DEC 10 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-03

100025385271  
12/10/03--01022--012 \*\*150.00

100025385271  
12/10/03--01022--011 \*\*150.00

DOCUMENT # P00000011067

Corporation Name

EKRON STRUCTURAL SYSTEMS, INC

1. Principal Office Address

116 OSCEOLA LN

Suite, Apt. #, etc.

3. Mailing Office Address

116 OSCEOLA LN

Suite, Apt. #, etc.

City & State

JUPITER FLORIDA

City & State

JUPITER FLORIDA

Country

U.S.A.

Zip

33458

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1057715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARIA S. CERON

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

116 OSCEOLA LN

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MARIA S. CERON	116 OSCEOLA LN	JUPITER FL 33458

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/03

561-3052645

# PESTANO & ASSOCIATES, PA

CERTIFIED PUBLIC ACCOUNTANTS  
CERTIFIED FRAUD EXAMINERS

December 1, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement Ekron Structural Systems, Inc.

D.No.: P00000011067  
FEI : 65-1057715

Gentleman:

We are the accountants for the above reference client.

Please know that we never received a UBR for 2002 or 2003. The current address on record is incorrect. As a result this corporation became inactive. We just found out about the inactive status when our client applied for a loan.

We request that the corporation be reinstated and that you accept the enclosed check for \$300.00. The additional penalties should be waived since we never received the UBR and just now became aware of the inactive status of our company. These are obviously events beyond our control. Also please find attached the Corporation Reinstatement Form.

Your anticipated cooperation is most appreciated.

Cordially,



A. Pestano Jr., CFE  
Vice President

Cc. Ceron  
File

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Sunrise, FL 33351  
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tonypestano@earthlink.net