


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

DOCUMENT # P00000041593

1. Corporation Name
RITEWAY TUBEMILLS STORAGE, INC.

2. Principal Office Address
6990 NW 35 Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33147 USA

FILED
 02 DEC 28 AM 10:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business In Florida **4-25-00**

5. FEI Number 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
Fidel Garcia

Street Address (P.O. Box Number is Not Acceptable)
6990 NW 35 Avenue

Suite, Apt. #, Etc.

City State Zip Code
Miami, FL 33147

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 *[Signature]* Date 12-20-01
 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
P	Fidel Garcia	6990 NW 35 Avenue	Miami, FL 33147

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]* Date 12-20-01 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charter Number Only

12/26/01

Silver & Silver

Requestor's Name

108 S. Miami Ave, 2nd FL

Address

Miami, FL 33130

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Riteway Tubemills Storage, Inc

DIVISION OF CORPORATION

01 DEC 27 AM 9 34

RECEIVED



Empire Toll Free: 1-800-432-3028

Profit

NonProfit

Amendment

Merger

Foreign

Dissolution

Mark

Limited Partnership

Annual Report

Other

Reinstatement

Reservation

Change of Registered Agent

Certified Copy

Photo Copies

Certificate Under Seal

Call When Ready

Call If Problem

After 4:30

Walk In

Will Wait

Pick Up

Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier