

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P01000013446

1. Entity Name
SOLID STEEL PLACERS, INC.



FILED

05 JAN 26 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

219104 01053 023 150.00



11032004 REIN-P CR2E098 (6/04) *MRD*

Principal Place of Business
6010 NE 5TH AVENUE
FT LAUDERDALE, FL 33334

Mailing Address
6010 NE 5TH AVENUE
FT LAUDERDALE, FL 33334

2. Principal Place of Business
6010 NE 5th Ave.

3. Mailing Address
6010 NE 5th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Laud. FL

City & State
Ft. Laud. FL

Zip 33334

Zip

Country Broward

Zip 33334

Country Broward

6. Name and Address of Current Registered Agent

SMITH, WILLIAM E ~
6010 NE 5TH AVENUE
FT LAUDERDALE, FL 33334

Name

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

6010 NE 5th Ave.
City Ft. Laud.

FL Zip Code 33334

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-16-204

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

REINSTATEMENT 04-05

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SMITH, WILLIAM E
STREET ADDRESS 6010 NE 5TH AVENUE
CITY-ST-ZIP FT LAUDERDALE, FL 33334

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
8000045965158
02/03/05-01010-023 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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STREET ADDRESS
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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William E Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #