

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 01055 023 150.00



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.

City & State
Ft. Land. FL

City & State
Ft. Land. FL

Zip
33334

Country
Broward

11032004 REIN-P CR2E098 (6/04)

4. FEI Number
59-3697671

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

6010 NE 5th Ave.

City **Ft. Land.** State **FL** Zip Code **33334**

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 *William E Smith* (NOTE: Registered Agent signature required when reinstating) DATE **11-16-2004**

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 NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, WILLIAM E 6010 NE 5TH AVENUE FT LAUDERDALE, FL 33334	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800045965155 02/03/05--01010--023 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #