

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000071647 1. Entity Name MCI METAL STRUCTURES, INC.					
Principal Place of Business 15839 US HWY 301 DADE CITY, FL 33523				Mailing Address 15839 US HWY 301 DADE CITY, FL 33523	
2. Principal Place of Business - No P.O. Box # 14012 7TH STREET				3. Mailing Address SUITE 7	
Suite, Apt. #, etc. SUITE 7				Suite, Apt. #, etc. SUITE 7	
City & State DADE CITY FL				City & State DADE CITY FL	
Zip 33525		Country PASCO		Zip 33525	
Country PASCO		4. FEI Number 59-3739173			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent EDWARDS, MURRAY 15839 US 301 DADE CITY, FL 33523 <i>(address change)</i>			7. Name and Address of New Registered Agent Name EDWARDS, MURRAY Street Address (P.O. Box Number is Not Acceptable) 14012 7TH STREET SUITE 7 City DADE CITY FL Zip Code 33525		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EDWARDS, MURRAY J 15839 US HWY 301 DADE CITY, FL 33523 <i>Address Change</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EDWARDS, MURRAY 14012 7TH STREET DADE CITY FL 33525 <i>Address Change</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTHEWS, ROSEMARY 15839 US HWY 301 DADE CITY, FL 33523 <i>address change</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14012 7TH STREET DADE CITY FL 33525	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAVEZ, WILLIAM O 15839 US HWY 301 DADE CITY, FL 33523	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 exemptions contained in Chapter 119, 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: 			10-30-07 352-521-6685		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		