

ATTN: ROBIN
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 JAN 26 PM 12:58

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087605

1. Corporation Name

SUPREME STEEL RULE DIES, INC.

2. Principal Office Address - No P.O. Box #

2066 WEAVER PARK DR.
Suite, Apt. #, etc.

City & State

CLEARWATER FL
Zip Country

33765 US

3. Mailing Office Address

2066 WEAVER PARK DR.
Suite, Apt. #, etc.

City & State

CLEARWATER FL
Zip Country

33765 US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/4/2001

5. FEI Number

59-3743301

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

NICOLAS TSILICLIS

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

2066 WEAVER PARK DR.
Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33765

500281416095
01/26/16--01011--012 **300.00

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

REGISTERED AGENT MUST SIGN

Date JAN 21 2016

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	NICOLAS TSILICLIS	2066 WEAVER PARK DR.	CLEARWATER, FL 33765

10. E-mail Address: PETERNAKRISCPA@GMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 21 2016

Date

Daytime Phone #