2004 FOR PROFIT CORPORATION REINSTATEMENT

FILEU SECRETARY OF STATE **DOCUMENT # P03000145517** DIVISION OF CORPORATIONS 1. Entity Name GARY D. DEPEW STEEL SERVICE INC. 04 OCT 28 PH 12: 10 Principal Place of Business Mailing Address 754 CR 485 754 CR 485 LAKE PANASOFFKEE, FL 33538 LAKE PANASOFFKEE, FL 33538 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10222004 **REIN-P** CR2E098 (6/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEPEW, GARY D Street Address (P.O. Box Number is Not Acceptable) 754 CR 485 LAKE PANASOFFKEE, FL 33538 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. agent and title if applicable FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE Addition **5000422806** 10/28/04--01032--004 NAME DEPEW, GARY D NAME 754 CR 485 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538 CITY-ST-ZIP VS. TITLE Delete TITLE Channe Addition DEPEW, SHERRY L NAME NAME STREET ADDRESS 754 CR 485 STREET ADORESS LAKE PANASOFFKEE, FL 33538 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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