

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC 13 AM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000025402

1. Corporation Name

RJ Steel Buildings & Carports, Inc.

2. Principal Office Address - No P.O. Box #
1629 Reynolds Road

Suite, Apt. #, etc.

City & State

DeLeon Springs, FL

Zip
32130

Country
Volusia

3. Mailing Office Address

1629 Reynolds Road

Suite, Apt. #, etc.

City & State

DeLeon Springs, FL

Zip
32130

Country
Volusia

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/05

5. FEI Number

20-2355304

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
Patricia Jarvis

Street Address (P.O. Box Number is Not Acceptable)
1629 Reynolds Road

Suite, Apt. #, Etc.

City
DeLeon Springs

State
FL

Zip Code
32130

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Patricia Jarvis
REGISTERED AGENT MUST SIGN

Date **11-16-07**

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
DPST	Russell Jarvis	1629 Reynolds Road	DeLeon Springs, FL 32130

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Russell Jarvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-07

Daytime Phone #

**386
804-0812**

12/17/07