

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -5 PM 4:47

FLORIDA DEPARTMENT OF STATE
ALLIANCE, FLORIDA

REINSTATEMENT

700180417007
05/05/10--01036--026 **308.75

Handwritten initials/signature

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida 2/08/2008

5. FEI Number 26-1946702 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

DOCUMENT # P08000014960

1. Corporation Name
METALS WAREHOUSE, INCORPORATED

2. Principal Office Address - No P.O. Box # <u>4215 PILGRIM WAY</u>		3. Mailing Office Address <u>4215 PILGRIM WAY</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>JACKSONVILLE FL</u>		City & State <u>JACKSONVILLE FL</u>	
Zip <u>32257</u>	Country <u>US</u>	Zip <u>32257</u>	Country <u>US</u>

7. Name and Address of Current Registered Agent

Name ALBERT J. MILLER

Street Address (P.O. Box Number is Not Acceptable)
4215 PILGRIM WAY

Suite, Apt. #, Etc.

City JACKSONVILLE FL State FL Zip Code 32257

PROFIT CORPORATIONS ONLY

The \$600.00 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 [Signature] Date 5/3/10

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>ALBERT J. MILLER</u>	<u>4215 PILGRIM WAY</u>	<u>JACKSONVILLE FL 32257</u>
<u>VP</u>	<u>MIKE YAKSICH</u>	<u>4736 DEERFOOT LANE S.</u>	<u>JACKSONVILLE FL 32257</u>

10. E-mail Address: FLINCORPORATION@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., 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.

SIGNATURE: [Signature] Date 5/3/10 Daytime Phone # 904-591-8357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR