

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 OCT 28 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P17000068337

1. Corporation Name

Lifetime Steel Buildings Inc.

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

764 S. Heritage Creek Way

Suite, Apt. #, etc

3. Mailing Office Address

764 S. Heritage Creek Way

Suite, Apt. #, etc

City & State

St. Augustine, FL

Zip

32084

Country

City & State

St. Augustine, FL

Zip

32084

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/14/2017

5. FET Number

36-4875607

Appl

Not Ap

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

7. Name and Address of Current Registered Agent

Name

Hector Galloza

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

764 S. Heritage Creek Way

Suite, Apt. #, Etc

City

St. Augustine

State

FL

Zip Code

32084

REINSTATEMENT

2019

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 10/24/19

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	Hector Galloza	764 S. Heritage Creek Way	St. Augustine, FL 3

10. E-mail Address: lifetimesteelbuildings@yahoo.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 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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/19

Date

Daytime