

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 10:24

DOCUMENT # P32901

1. Corporation Name

HAG STEEL CONTRACTORS, INC

2. Principal Office Address

101 INDUSTRIAL PARK DR

Suite, Apt. #, etc.

City & State

PERRY, GA

Zip

31069

Country

HOUSTON

3. Mailing Office Address

P.O. BOX 1349

Suite, Apt. #, etc.

City & State

PERRY, GA

Zip

31069

Country

HOUSTON

REINSTATEMENT 96-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-18-1991

5. FEI Number
35-1630944

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

JAMES AUKER

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

7218 CREEKWOOD COURT

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

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

James Auker

REGISTERED AGENT MUST SIGN

Date 11-13-00

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
PRES	KENNETH ASHCRAFT	3698 STEWART RIDGE RD	RISING SUN, IN 47040
PRES	RONALD WHALEY	118 WIMBISH WAY	PERRY, GA 31069

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Whaley

11/8/00

Date

478-987-5317

Daytime Phone #

CR2E081 (9/99)