

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -6 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000032027

1. Corporation Name

GEORGIA METAL CORPORATION

WOM-29037

2. Principal Office Address

1202 E. HILLSBORO BLVD

Suite, Apt. #, etc.

#4

City & State

DEERFIELD BCH, FL

Zip

33441

Country

U.S.A

3. Mailing Office Address

1202 E. HILLSBORO BLVD

Suite, Apt. #, etc.

#4

City & State

DEERFIELD BCH, FL

Zip

33441

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

4/30/1993

5. FEI Number

65-0410614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

94-04
tu

7. Name and Address of Current Registered Agent

Name

JOHN FLATHE

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

1202 E. HILLSBORO BLVD.

Suite, Apt. #, Etc.

#4

City

DEERFIELD BEACH

State

FL

Zip Code

33441

500039439955

07/22/04-01057-005 ***2250.00

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]

REGISTERED AGENT MUST SIGN

Date 7/19/04

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	JOHN FLATHE	265 S. FEDERAL HWY DEERFIELD BEACH FL 33441	DEERFIELD BEACH FL 33441
S	JOHN FLATHE	" "	" " "
T	JOHN FLATHE	" "	" " "

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN FLATHE

8-03-04

Date

954 4275288

Daytime Phone #

CR2061 (01/04)