PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1998 MAR 23 PM 3: 42 P95000010971 DOCUMENT # SECRETARY OF STATE 1. Corporation Name TALLAHASSEE, FLORIDA Elite Steel, Incorporated 435 Aulin Ave. Suite C Oviedo, FLorida
Principal Place of Business 32765 Mailing Address Same 435 Aulin Avenue Suite C Oviedo, FLorida 32765 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address. If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 2/6/95 same Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3292802 X Not Applicable \$8.75 Additional Fee required Ζip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip office: President John S. ALexander 435 Aulin Ave. Su. C Oviedo, Florida 32765 home: 2331 Red Ember Rd Oviedo, Florida 32765 800002467258: <del>.03/24/98--01106--</del>012 \*\*\*1058.7 \*\*\*1058.75 REINSTATEM B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name John S. Alexander n/a 2331 Red Ember Road Street Address (P.O. Box Number is Not Acceptable) Oviedo, FLorida 32765 Suite, Apt. #, Etc. City State | Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTEREO AGENT MUST SIGN 2/26/98 Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes XX No 12. 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. TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 407-365-4109 2/26/98

John S. ALexander