

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** P96000000768

1. Corporation Name

Marlyn Steel Fabricating, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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2. Principal Office Address

6808 Harney Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33610

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/95

5. FEI Number

59-3351151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-00**

**7. Name and Address of Current Registered Agent**

Name

Richard R. James

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

6808 Harney Road

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33610

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 3/20/00

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
PD	W. Steve James	6808 Harney Road	Tampa, FL 33610
TD	Richard R. James	6808 Harney Road	Tampa, FL 33610
ATD	Reginald C. James	6808 Harney Road	Tampa, FL 33610
S	Evelyn C. James	6808 Harney Road	Tampa, FL 33610
V	Jeannie S. James	6808 Harney Road	Tampa, FL 33610

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

3-21-00 813621-1375

Date

Daytime Phone #

CR2E081 (9/99)