


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

00 NOV 28 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000013726

1. Corporation Name

~~STONE & STEEL INC.~~
STONE & STEEL INC.

2. Principal Office Address

4714 HALIFAX DR.

3. Mailing Office Address

4714 HALIFAX DR

Suite, Apt. #, etc.

2 WEST

Suite, Apt. #, etc.

2 WEST

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

Zip

32127

Country

VOLUSIA

Zip

32127

Country

VOLUSIA

500003493355--1
-12/11/00--01038--006
***758.75 ***758.75

4. Date Incorporated or Qualified
To Do Business in Florida

2-12-96

5. FEI Number

59-3362343

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

MICHAEL D. LAWLER

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

4714 HALIFAX DRIVE

Suite, Apt. #, Etc.

2 WEST

City

PORT ORANGE

State

FL

Zip Code

32127

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

M. D. Lawler

REGISTERED AGENT MUST SIGN

Date

11-20-00

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
PRESIDENT	MICHAEL D LAWLER	4714 HALIFAX DRIVE	PORT ORANGE FL 32127
PTIS			
SECRETARY	SAME		
TREASURER	SAME		

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:

M. D. Lawler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-00

Daytime Phone #

9047605026

CR2E081 (9/99)