

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 27 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046618

1. Corporation Name

INTER-STEEL DETAILING, INC

2. Principal Office Address

11585 GORHAM DR

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

Zip

33026

Country

U.S.

3. Mailing Office Address

11585 GORHAM DR

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

Zip

33026

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/1998

5. FEI Number

65-0837649

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

MICHELLE LAZAR

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

11585 GORHAM DR

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33026

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

Michelle Lazar

REGISTERED AGENT MUST SIGN

Date 8/23/04

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
PVST	MIRCEA LAZAR	1245 NW 134 AVE	SUNRISE, FL 33323
D	MICHELLE LAZAR	11585 GORHAM DR	COOPER CITY, FL 33026

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:

Michelle Lazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/04 954 4308437

Date

Daytime Phone #

CR2E081 (01/04)