

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082057

1. Corporation Name

WAVERLY STEEL, INC.

Principal Place of Business

5900 SW 43RD STREET  
DAVIE FL 33314

Mailing Address

5900 SW 43RD STREET  
DAVIE FL 33314

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/1998

5. FEI Number

65-0865986

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCINTOSH, BYRON M	<del>101 S VICTORIA PARK RD</del>	<del>FORT LAUDERDALE FL 33301</del>
		311 VISTA ISLE DR	SUNRISE, FLA, 33325
			8000008641428
			10/29/02--01019--010 **750.00

8. Name and Address of Current Registered Agent

MCINTOSH, BYRON M  
311 VISTA ISLE DRIVE  
FORT LAUDERDALE FL 33325

9. Name and Address of New Registered Agent

Name BYRON M MCINTOSH  
Street Address (P.O. Box Number is Not Acceptable)  
311 VISTA ISLE DRIVE  
Suite, Apt. #, Etc.  
SUNRISE, FL.  
City  
State FL Zip Code 33325

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-24-02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-02 954-583-2883

CR2E040 (8/02)