

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 JUN 26 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

**PA8000097277**

1. Corporation Name

Structural Tie Down Systems, Inc.

2. Principal Office Address

5504 Royce Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

USA

3. Mailing Office Address

5504 Royce Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

USA

**REINSTATEMENT**

**99-10**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/98

5. FEI Number

59-354-0858

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

Fred C. Isaac, Registered Agent

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

2468 Atlantic Boulevard

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

000003327780-7

07/19/00-01053-012

\*\*\*908.75 \*\*\*908.75

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

*Fred C. Isaac*

REGISTERED AGENT MUST SIGN

Date 6/22/00

**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
P/S	Jay Miller	5504 Royce Avenue	Jacksonville, FL 32205
VP/T	Harvel Crumley	6 Lady Fish Street	Ponte Vedra Beach, FL 32082

**KE**

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:

*Jay M. Miller*

Jay M. Miller

5/24/2000

(904) 732-9377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)