

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2001 UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT -2 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097277

1. Corporation Name

STRUCTURAL TIE DOWN SYSTEMS, INC.

2. Principal Office Address

2951 POWERS AVE.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

3. Mailing Office Address

2951 POWERS AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/98

5. FEI Number

59-3540858

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 BLVD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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 10/1/01

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
PRES.	HARVEL K. CRUMLEY	6 LADYFISH ST.	PONTE VEDRA, FL 32082

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)(l), 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

Date

9/27/01

Daytime Phone #

904-732-9377

CR2001 (2/00)

STRUCTURAL TIE DOWN SYSTEMS, INC

2 of 2

September 27, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

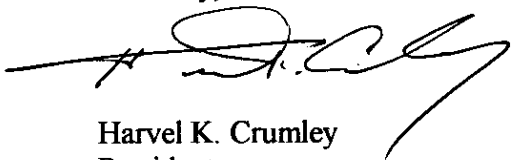
Re: Corporation Reinstatement
Structural Tie Down Systems, Inc.

Ladies and Gentlemen:

Enclosed we are submitting a completed Corporation Reinstatement Form. We would like to request that late fees be waived. The former owner, Jay Miller, has left town. His personal residence was the principal office address of record for the Florida Department of State. Therefore, we never received the 2001 filing paperwork. Enclosed is our check for \$150.00 for the 2001 filing fee.

Please reinstate Structural Tie Down Systems, Inc. and update your records to reflect the correct principal office address. Thank you for your assistance in this matter.

Sincerely,



Harvel K. Crumley
President

HKC/sp