

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 12:52

DOCUMENT # P99000009477

1. Corporation Name

S.J. METALS, INC.

Principal Place of Business

Mailing Address

~~6503 FLAMINGO WAY~~
~~COCONUT CREEK FL 33073~~

~~6503 FLAMINGO WAY~~
~~COCONUT CREEK FL 33073~~

260 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

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



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1999

5. FEI Number

☒ 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 |
|---------------|---|--|-----------------------------------|
| D | TROXELL, PAUL | 6503 FLAMINGO WAY | COCONUT CREEK FL 33073 |
| | | 260 South Military Trail | Deerfield Beach, FL |
| | | | 33442 |
| | | | |
| | | | |
| | | | 400003441584--0 |
| | | | -10/27/00--01015--003 |
| | | | ****150.00 ****150.00 |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TROXELL, PAUL
6503 FLAMINGO WAY
COCONUT CREEK FL 33073

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/13/00

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.

AD

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL TROXELL President

10/13/00 954-725-0551
Date Daytime Phone #



260 S. Military Trail ~ Deerfield Beach, FL. 33442

October 13, 2000

Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam,

Enclosed please find a check for \$150.00. We respectfully request abatement of the penalty. We are new in business and were not expecting the UBR form. We never received the original form, and did not know to expect it. Therefore, it was not paid by the original deadline.

We respectfully request abatement of the penalties assessed, our report will be filed timely in the future.

Sincerely,

Paul J. Troxell,
President