

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS

02 JAN -2 PM 3:56

DOCUMENT # **P99000022954**

1. Corporation Name

**C REIGHTON STEEL, INC.**

2. Principal Office Address

**837 SE. 8th Ave**

Suite, Apt. #, etc.

**Suite 203**

City & State

**DEERFIELD BEACH FL.**

Zip

**33441**

Country

**USA**

3. Mailing Office Address

**837 SE. 8th Ave.**

Suite, Apt. #, etc.

**Suite 203**

City & State

**DEERFIELD BEACH FL**

Zip

**33441**

Country

**USA**

**REINSTATEMENT 00-01**

08-03-00 90033032 \$550.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**MARCH 12, 1999**

5. FEI Number

**65-0905986**

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

**MARY Hobai**

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

**20985 Saint Andrews Blvd.**

Suite, Apt. #, Etc.

**#33**

City

**Boca Raton**

State

**FL**

Zip Code

**33433**

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

**Mary Hobai**

Date

**12/28/01**

REGISTERED AGENT MUST SIGN

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.	<b>MARY Hobai</b>	<b>837 SE 8th Ave #203</b>	<b>Deerfield Beach, FL 33441</b>

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:

**MARY Hobai**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mary Hobai**

Date

**12/28/01**

Daytime Phone #

**954-418-8766**

CR2E081 (9/00)