PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074091

1. Corporation Name

KEY STEEL TRUSS COMPANY

[redacted] REINSTATEMENT

Principal Place of Business	Mailing Address
~~1211 E. MADISON ST.~~ ~~TAMPA FL 33602~~	~~1211 E. MADISON ST.~~ ~~TAMPA FL 33602~~

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
7615 TANGLEWOOD DR	7615 TANGLEWOOD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL.	City & State: NEW PORT RICHEY, FL.
Zip: 34654 Country: USA	Zip: 34654 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/18/1999

5. FEI Number: 593580817 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required if Certificate of Status is desired.

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	PARADISO, GUY D	~~1211 E. MADISON ST.~~ 7615 TANGLEWOOD DR	~~TAMPA FL 33602~~ NEW PORT RICHEY, FL, 34654
			800093491728--8 -12/08/00--01016--021 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

PARADISO, GUY D
~~1211 E. MADISON ST.~~
~~TAMPA FL 33602~~

9. Name and Address of New Registered Agent

Name: GUY D. PARADISO
Street Address (P.O. Box Number is Not Acceptable): 7615 TANGLEWOOD DR.
Suite, Apt. #, Etc.:
City: NEW PORT RICHEY State: FL Zip Code: 34654

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: Guy D Paradiso Date: 10-17-2000
REGISTERED AGENT MUST SIGN

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: Guy D Paradiso 10-17-2000 727.514.7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GUY D. PARADISO