

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 OCT 11 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000085950

1. Corporation Name

United Winner Metals, Inc.

2. Principal Office Address

3310 Port Sutton Road

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/28/99

5. FEI Number

52-2210394

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

Craig E. Behrenfeld

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

601 Bayshore Blvd.

Suite, Apt. #, Etc.

Ste. 700

City

Tampa

State
FL

Zip Code

33606

REINSTATEMENT

2001/10/10

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

C. E. Behrenfeld

REGISTERED AGENT MUST SIGN

Date 10/10/01

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
PST	Thomas P. Quirke	3310 Port Sutton Road	Tampa, FL 33619
D	Morris Tsai	3310 Port Sutton Road	Tampa, FL 33619
V	Steve Ryan	3310 Port Sutton Road	Tampa, FL 33619

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10/10/01 01050 017
****750.00 ****750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas P. Quirke, President

Date

10-10-01

813/247-4151

Daytime Phone #

CR2081 (9/00)