

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
00 NOV 17 PM 1:35

DOCUMENT # S12677

1. Corporation Name

TRI-CITY STEEL SERVICES, INC.

Principal Place of Business

Mailing Address

5015 S 24TH AVE
TAMPA FL 33619
US

PO BOX 75327
TAMPA FL 33675-5327
US

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

2. New Principal Office Address, If Applicable
5211 24th Ave. South

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL 33619

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1990

5. FEI Number

59-3040481

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
DP	JOHNSON, FRANK E.	5015 24TH AVE SOUTH	TAMPA FL 33619
ST	JOHNSON, FRANK E	5015 24TH AVE SOUTH	TAMPA FL 33619

7000003483147
-12/05/00--01/01--007
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, C S
4830 KENNEDY BLVD.
SUITE 335
TAMPA FL 33609

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Frank E. Johnson
REGISTERED AGENT MUST SIGN

Date 10/27/2000

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:

Frank E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK E. JOHNSON, President & Director

10/27/2000 (813) 630-5818

Date

Daytime Phone #

CR20040 (8/00)