

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC -2 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 512677

1. Corporation Name

Tri-City Steel Services, Inc.

REINSTATEMENT

02-05

2. Principal Office Address

208 Coco View Circle

3. Mailing Office Address

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Zip

33511

Country

USA

Zip

Country

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

11-29-91

5. FEI Number

59-3040481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Tarra Johnson

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

208 Coco View Circle

Suite, Apt. #, Etc.

107

City

Brandon

State

FL

Zip Code

33511

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

Tarra L. Johnson

REGISTERED AGENT MUST SIGN

700061870777
12/02/05 Date 01/05/05 ***1200.00

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 |
|-----------|--------------------------------------|---|--------------------|
| President | Kanika Johnson | 228 Brandon Crossing Circle | Brandon, FL 33511 |
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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:

Kanika L. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-05
Date

813.9842-5714
Daytime Phone #