

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPROVED
AND
FILED

05 APR 20 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V57072

1. Corporation Name

Elite Metal Decking, Inc.

2. Principal Office Address

1364 Gwenzell Ave

Suite, Apt. #, etc.

Bay B.

City & State

Delray Beach, FL

Zip

33444

Country

USA

3. Mailing Office Address

4816 Palm Way

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33463

Country

USA

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

8/7/92

5. FEI Number

650348182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name

Daymon Potter

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

4816 Palm Way

300054635759

05/17/05--01065--001 **120.75

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-18-05

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
S/T Pres.	Daymon Potter	4816 Palm Way Lake Worth, FL 33463	Lake Worth, FL 33463

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] Daymon Potter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

561-272-5417

Daytime Phone #

CRZE001 (01/05)