

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mooreham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

2830410

1. Corporation Name

Air-Flow Aluminium Products Inc.

Principal Place of Business

Mailing Address

36113 Lake Unity Nursery Road
Fruitland Park, Florida 34731

P.O. Box 276
Fruitland Park, FL
34731

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

2. New Principal Office Address, If Applicable

36113 Lake Unity Nursery Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 276
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

7-9-64

5. FEI Number

Applied for

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Jerry L. Atham	36113 Lake Unity Nursery Road	Fruitland Park, FL 34731

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-10/09/98--01091--027
***1903.75 ***1903.75

8. Name and Address of Current Registered Agent

GORE A. Atham
308 Northwest 170th Street
North Miami Beach, FL 33169

9. Name and Address of New Registered Agent

Name
Jerry L. Atham
Street Address (P.O. Box Number is Not Acceptable)
36113 Lake Unity Nursery Road
Suite, Apt. #, Etc.
City
Fruitland Park
State
FL
Zip Code
34731

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

Jerry L. Atham
REGISTERED AGENT MUST SIGN

Date *9-22-98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-5-98 (352) 326-4068

FILED

98 OCT -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

88-98