

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 13 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01687

1. Corporation Name

DEMMCO METAL CORP.

Principal Place of Business

Mailing Address

45 BROOK AVENUE
DEER PARK, LI. NY 11729

45 BROOK AVENUE
DEER PARK, LI. NY 11729



REINSTATEMENT

2000

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2090053

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	MARKOWITZ, DAVID	45 BROOK AVENUE	DEER PARK, LI., NY
SD	MARKOWITZ, ELLEN	45 BROOK AVENUE	DEER PARK, LI., NY
AS	MARKOWITZ, SCOTT	45 BROOK AVENUE	DEER PARK, LI., NY
			400003487794--0 -12/05/00--01074--012 ****758.75 ****758.75 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWMAN, DANIEL S ESQ
201 S. BISCAYNE BLVD., 26TH FLOOR
TEW CARDENAS REGAK KELLOGG, ET AL
MIAMI FL 33131

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/3/00

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-2300 634 586-1010

CR2E040 (8/00)