

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # L60692

(5)

1. Corporation Name

ACTION METAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

24 Harrison Ave 24 Harrison Ave
Panama City, Fl 32401 Panama City, Fl 32401

24 Harrison Ave
Panama City, F

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/20/90

5. FBI Number
59-2996921

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Charles E. Faircloth President	24 Harrison Ave	Panama City, FL 32401
D	Charles E. Faircloth Director	24 Harrison Ave	Panama City, FL 32401
			<p>400002552554--0</p> <p>-06/09/98--01048--013</p> <p>****900.00 ****900.00</p>

8. Name and Address of Current Registered Agent

Barfield, Lovie D.
24 Harrison Ave
Panama City, Fl 32401

9. Name and Address of New Registered Agent

Name **Diane Faircloth**
Street Address (P.O. Box Number is Not Acceptable) **24 Harrison Avenue**
Suite, Apt. #, Etc.

City	State	Zip Code
Panama City,	FL	32401

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

REGISTERED AGENT MUST SIGN

Date 4-27-78

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)(j), 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: Charles E. Faircloth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 785 2449

Daytime Phone #