

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 18 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 176726

1. Corporation Name

ENDURE ALUMINUM, INC.

Principal Place of Business

Mailing Address

C/O IRVINE KIMMEL
7500 NW 72 AVE.
MIAMI FL 33166-2435

C/O IRVINE KIMMEL
7500 NW 72 AVE.
MIAMI FL 33166-2435

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

12/30/1993

5. FEI Number

59-0713182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	KIMMEL, IRVINE	7500 NW 72 AVE	MIAMI FL
D	KIMMEL, JEFFREY	7500 NW 72 AVE	MIAMI FL
D	KIMMEL, JESSE A	7500 NW 72 AVE	MIAMI FL

100002010751--1
-11/21/96--01022--006
****375.00 ****375.00

JB11-19-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIMMEL, IRVINE
7500 NW 72 AVE
MIAMI FL 33166

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

IRVINE KIMMEL
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/12/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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.

IRVINE KIMMEL

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/96

Date

Daytime Phone #