

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 235378

1. Corporation Name

SUPREME ALUMINUM PRODUCTS INC

Principal Place of Business

Mailing Address

WILLIAM MIRANDA
601 93RD ST. PO BOX 6051
MIAMI FL 33154

WILLIAM MIRANDA
601 93RD ST. PO BOX 6051
MIAMI FL 33154

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

04/01/1960

5. FEI Number

59-0898729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 And Bond 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	MIRANDA, WILLIAM	601 - 93RD STREET	SURFSIDE FL
SD	MIRANDA, WILLIAM, JR.	601 - 93RD STREET	SURFSIDE FL

100003032461--9
-11/02/99--01070--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIRANDA, WILLIAM
601 93RD ST
MIAMI BEACH FL 33154

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

William Miranda
REGISTERED AGENT MUST SIGN

Date 10-19-99

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:

William Miranda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-99 305-864-6179



MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

PATCHEN, CANNER & BRODY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
12340 NORTHEAST 8TH COURT
NORTH MIAMI, FLORIDA 33161
(305) 893-1356
TELEFAX (305) 895-9642

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

October 13, 1999

Re: Application for Reinstatement
Supreme Aluminum Products, Inc.
FEI # 59-0898729

Dear Sir or Madam,

I wish to reinstate Supreme Aluminum Products, Inc. as an active corporation. Enclosed is a completed application. I am also requesting that the reinstatement fee be reduced to \$150, which is the fee for filing an annual report, due to hardship. During 1999, I was hospitalized for most of the year and was unable to attend to needs of the business. In the future, my accountant will assist in processing the annual report. Enclosed are various records indicating my hospitalization during 1999.

I appreciate your attention to this matter.

Sincerely,


William Mirapaa

President and Owner,
Supreme Aluminum Products, Inc.