

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **257351**

1. Corporation Name

**THE SOUTHERN DIE CASTING CORP.**

Principal Place of Business

3500-3560 N.W. 59TH STREET.  
MIAMI FL 33142  
US

Mailing Address

3500-3560 N.W. 59TH STREET.  
MIAMI FL 33142  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**03/27/1962**

5. FEI Number

**59-0951246**

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	4 City / State / Zip
PSD	HIPPLER, ALLAN F	3560 NW 59 ST	MIAMI FL
<del>VTD</del>	<del>ZEILER, ALFRED</del>	<del>3560 NW 59 ST</del>	<del>MIAMI FL</del>

500027398735  
01/22/04--01019--010 \*\*150.00

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02/23/04--01071--017 \*\*150.00

8. Name and Address of Current Registered Agent

KENNEY, JUDITH  
MONTELLO & KENNEY PA  
777 BRICKELL AVENUE, SUITE 1070  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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. or 617.0505, F.S.

Signature of Registered Agent

*Judith Kenney*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

*Jan. 14, 2004*

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:

*ALLAN F HIPPLER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/12/04 305-635-6571*  
Daytime Phone #