

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 25 PM 1:12

DOCUMENT # 332593

1. Corporation Name

ADDCO INDUSTRIES INC

Principal Place of Business

715 13TH ST  
LAKE PARK FL 33403  
US

Mailing Address

715 13TH ST  
LAKE PARK FL 33403  
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

07/17/1968

5. FEI Number

59-1217627

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
ST	DE MARCELLUS, JUNE	151 RIVIERA DR	RIVIERA BCH. FL
D	CARLSON, JOHN	1449 SW FLOUNDER LANE	PORT ST. LUCIE FL
D	DE MARCELLUS, ROLAND	151 RIVIERA DR	RIVIERA BCH, FL 00000
P	DE, MARCELLUS E	151 RIVIERA DR.	RIVIERA BCH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALDWIN, GEORGE  
330 FEDERAL HIGHWAY  
LAKE PARK FL 33403

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

400003032684-3

-11/02/99--01077--019

\*\*\*\*750.00 State Fee \$250.00

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.

Signature of  
Registered Agent

X *George Baldwin*  
REGISTERED AGENT MUST SIGN

Date

*October 20, 1999*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-18-99*

Date

*8282221560*

Daytime Phone #

CR22040 (8/99)