

MAY-10-01 THU 12:10 PM

FAX NO.

P. 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 JUN -7 PM 1:25	
DOCUMENT # 358440 1. Corporation Name Premix-Marbletite Mfg., Co.					
2. Principal Office Address 1259 N.W. 21st ST Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1-21-70	
City & State POMPANO BEACH FL		City & State		5. FEI Number 591281165	
Zip 33069	Country BROWARD	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name HOWARD EHLE JR					
Street Address (P.O. Box Number is Not Acceptable) 1259 N.W. 21ST ST.					
Suite, Apt. #, Etc.					
City POMPANO BEACH				State FL	Zip Code 33069
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent [Signature] Date 5-10-01 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	GARY HASBACH	1259 N.W. 21ST ST		POMPANO BEACH FL 33069	
VSD	HOWARD EHLE JR	5621 S.W. 8TH ST.		PLANTATION FL 33317	
10. 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 817.0401, 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)(b), 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] HOWARD L. EHLE JR 5-10-01 (954) 917-7665 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					