

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 APR 22 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-03

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01/22/03--01072--009 **1350.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 423172

1. Corporation Name
Cast-Metals Corporation of Florida

2. Principal Office Address P. O. Box 24567		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State	
Zip 33623-4567	Country Hillsborough	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 04/09/1973	
5. FEI Number 59-1449789	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Michael R. Carey

Street Address (P.O. Box Number is Not Acceptable)
712 South Oregon Avenue

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33606-2543

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Michael R. Carey* Date April 17, 2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	John Stanton	P.O. Box 24567	Tampa, FL 33623-4567

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 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: *John Stanton* April 17, 2003 813-621-4641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John Stanton

CR2E081 (10/02)