

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 432576

1. Entity Name
SIEWERT TOOL & DIE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 28 PM 12:11

Principal Place of Business
**3388 PHILLIPS HWY
JACKSONVILLE, FL 32207**

Mailing Address
**3388 PHILLIPS HWY
JACKSONVILLE, FL 32207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004 REIN-P CR2E098 (6/04)

4. FEI Number
59-1482946

Applied For
No: Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BALL, JOHN S
1 INDEPENDENT DRIVE, STE 2600
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name **DVP HENRY**
Street Address (P.O. Box Number is Not Acceptable)
**3784 Michaels Landing
JAX, FL 32224**
City **JAX** Zip Code **FL 32224**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SEE ATTACHED

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **SIEWERT, DARYL A**
STREET ADDRESS **5093 LINCOLNSHIRE**
CITY-STATE-ZIP **JACKSONVILLE, FL 00000,**

TITLE **DVS**
NAME **SIEWERT, MARGARET I**
STREET ADDRESS **5021 WINCHESTER DR SOUTH**
CITY-STATE-ZIP **JACKSONVILLE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP**
NAME **HENRY**
STREET ADDRESS **3784 Michaels Landing**
CITY-STATE-ZIP **JAX, FL 32224**

TITLE **DS**
NAME **Brian D. SIEWERT**
STREET ADDRESS **5093 LINCOLNSHIRE RD.**
CITY-STATE-ZIP **JAX, FL 32217**

TITLE **DAS**
NAME **Debrah Y. SIEWERT**
STREET ADDRESS **5093 LINCOLNSHIRE RD.**
CITY-STATE-ZIP **JAX, FL 32217**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chairman, or on an affidavit with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARYL A. SIEWERT

10.25.04

Date

904/399-8425

Daytime Phone #

11/2