

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **466908**

1. Corporation Name

SANFORD ALUMINUM PRODUCTS INC.

2. Principal Office Address

800 WEST 13TH ST

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32771

Country

SEMINOLE

3. Mailing Office Address

800 WEST 13TH ST

Suite, Apt. #, etc.

City & State

FL, SANFORD, FL

Zip

32771

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1975

5. FEI Number

591564111

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MYRON ALDAY

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

800 WEST 13TH ST

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

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

Myron Alday

Date **10-7-2005**

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
Pres.	MYRON ALDAY	22722 WOLF BRANCH RD	Sorrento, FL 32776

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:

MYRON ALDAY PRESIDENT *Myron Alday*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-2005 407.322.8493

Date

Daytime Phone #