

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 530905

1. Corporation Name

KREISSLE FORGE, INC.

Principal Place of Business

7947 N TAMiami TRAIL
SARASOTA FL 34243

Mailing Address

7947 N TAMiami TRAIL
SARASOTA FL 34243

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1977

5. FEI Number

59-1732099

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KREISSLE, GEORGE JR	125 HOLLY AVE	SARASOTA, FL 00000
VP	KREISSLE, PETER	10329 BAYVIEW DR	BRADENTON FL 34210
TR	KREISSLE, METHILD	7947 N. TAMiami TR	SARASOTA, FL 34243

8000008729478
10/31/02--01067--012 **150.00

8. Name and Address of Current Registered Agent

KREISSLE, GEORGE JR.
7947 NORTH TAMiami TRAIL
SARASOTA FL 34243

9. Name and Address of New Registered Agent

Name

PETER KREISSLE

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

10329 BAY 7947 N-TAMiami TR

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34234

CR2604p (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-28-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-28-02

Daytime Phone #

October 29, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report

~~To Whom It May Concern:~~

Please be advised that our office has never received any prior Uniform Business Report for this year.

We respectfully request you accept the enclosed Uniform Business Report Reinstatement with the \$150 fee.

Sincerely,

A handwritten signature in cursive script, appearing to read "Peter Kreissle".

Peter Kreissle, V.P.