

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 531977

1. Corporation Name

ADMIL, INCORPORATED

Principal Place of Business

10059 SE US HWY 441
BELLEVUE FL 34420
US

Mailing Address

10059 -
BELLEVUE FL 34420
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

10059 SE US Hwy 441
Suite, Apt. #, etc.
Bellevue FL
34420

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1977

5. FEI Number

39-0357760

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SWIDERSKI, STANLEY	10059 SE US HWY 441	BELLEVUE FL 34420
TD	SWIDERSKI, ALICE	10059 SE US HWY 441	BELLEVUE FL 34420
V	LEMEK, JOYCE	950 SE 19TH STREET	OCALA FL 34471

8. Name and Address of Current Registered Agent

SWIDERSKI, STANLEY
10059 S.E. US HWY 441
BELLEVUE FL 34420

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number if Not Applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

2008000340392-4
-11/06/97-01080-013
****165.00 ****165.00

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce Lemek Vice President

Date

Daytime Phone #

10/29/97 (352) 351-8833

FILED

97 OCT 30 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (9/97)

(2)

ADMIL, INCORPORATED

10059 SE U.S. HWY. 441
BELLEVIEW, FL 34420
TEL. (352) 245-2468

October 29, 1997

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

RE: Document #531977

Dear Sirs:

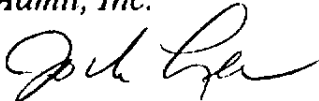
After our telephone conversation this morning, and as per your instructions, enclosed please find signed Reinstatement Application for Admil, Incorporated along with our check in the amount of \$165.00.

We did not receive any prior notice. As you will note, the mailing address you have listed is incorrect. Please make the correction in your office.

Thank you very kindly for your help and attention.

Sincerely,

Admil, Inc.



Joyce Lemek
Vice President

enc.