

APPLICATION  
FOR  
REINSTATEMENT



FILED

00 OCT 30 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 565588

### 1. Corporation Name

**METAL DEXTERITY COMPANY, INC.**

Principal Place of Business

**Mailing Address**

624 SOUTH "F" STREET  
LAKE WORTH FL 33460

624 SOUTH "F" STREET  
LAKE WORTH FL 33460

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 &amp; State

City &amp; State

Zip	Country	Zip	Country
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4. Date Incorporated or Qualified To Do Business in Florida

01/25/1978

5. FEI Number

59-1815498

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	DEBATTY, W. MARION	624 SOUTH "F" STREET	LAKE WORTH FL
Sec	Doyle, Melissa C.	1101 Lethbridge Lane	Lake Worth FL
			200003471252--9 -11/20/00--01146--026 ****750.00 ****750.00
			REINSTATEMENT <u>00</u> TS

8. Name and Address of Current Registered Agent

DEBATTY, W. M.  
624 SOUTH "F" STREET  
LAKE WORTH FL 33460

**9. Name and Address of New Registered Agent**

Name Melissa Doyle  
Street Address (P.O. Box Number is Not Acceptable)  
1101 Lehto Lane  
Suite, Apt. #, Etc.  
City Lehto Worth

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 10-27-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME - SIGNING OFFICIAL

Melissa C Doyle