

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 FEB 17 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003586

1. Corporation Name

Alloy Fasteners, Inc.

Principal Place of Business

Mailing Address

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

2 New Principal Office Address, If Applicable
15 Amflex Drive

3 New Mailing Office Address, If Applicable
Pasco Gasbarro Jr., Esq.

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1500 Fleet Center

City & State

City & State

Cranston, RI

Providence, RI

Zip **02921**

Country **USA**

Zip **02903**

Country **USA**

5. FEI Number

05-0463572

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, T	Robert Rotondo	15 Amflex Drive	Cranston, RI 02921
V, S	Richard Rotondo	15 Amflex Drive	Cranston, RI 02921
AS	Joseph Smith	15 Amflex Drive	Cranston, RI 02921
AS	Joann Rotondo	15 Amflex Drive	Cranston, RI 02921
No Directors 600002093156--8 -02/20/97--01050--004 ***1080.00 ***1080.00			

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mr. Daniel Thomas
1345 Pine Avenue
Orlando, FL 32824

Name

MARK GODLEY

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

5775 BENT PINE DR.

Suite, Apt. #, Etc.

100

City

ORLANDO

State

FL

Zip Code

32822

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

Mark Godley

REGISTERED AGENT MUST SIGN

Date **2-14-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

ROBERT A. ROTONDO

PRESIDENT

2-10-97 401

Date

Daytime Phone #

CR2E040 (12/96)