

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 DEC 29 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003871

1. Corporation Name

IRONWOOD PRODUCTS OF DELAWARE, INC.

Principal Place of Business

Mailing Address

701 South "J" Street
Pensacola, FL 32501701 South "J" Street
Pensacola, FL 32501

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3266092

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED I

Zip

Country

Zip

Country

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
Pres.	Paul B. Penney	701 South "J" Street	Pensacola, FL 32501
Tr/Sec	Michael Niswonger	701 South "J" Street	Pensacola, FL 32501

REINSTATEMENT

600003096556--2

01/12/99 01063 011
****300.00 ****300.00

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Mike Niswonger
701 South "J" Street
Pensacola, FL 32501

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of
Registered Agent*Michael A. Niswonger*
REGISTERED AGENT MUST SIGN

Date 12/22/99

11. This corporation owes 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. on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael A. Niswonger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR12/22/99
Date850-434
3393
Daytime Phone #