

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG -6 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G33087**
1. Corporation Name **GATOR ALUMINUM OF PINELLAS CO INC.**

Principal Place of Business

Mailing Address

**1400 - 49 AVE NORTH EAST
ST PETERSBURG FL.
33703**

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

W01-16974

REINSTATEMENT

85-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

APRIL 13 - 1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2317605

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	ROBERT D. TSARRIE	1400 - 49 AVE N. E	ST PETE FL. 33703
	2378.75 - ADM		
	61.25 - AR		
	88.75 - ARSUPP		
			800004554888--2
			-08/24/01--01038--030
			***2528.75 ***2528.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ROBERT D. TSARRIE

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

1400 - 49 AVE N.E.

Suite, Apt. #, Etc.

City

ST. PETE FL.

State

FL

Zip Code

33703

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 **Robert D. Tsarrie**

REGISTERED AGENT MUST SIGN

Date **7-17-01**

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. 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:

Robert D. Tsarrie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-01 727 527-7100

Date

Daytime Phone #

CR2E081 (12/98)