PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV -7 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G35269**

1 Corporation Name

IDEAL MANUFACTURING, INC.

5450 N. HARBOR CITY BLVD. MELBOURNE FLA.

Principal Place of Business	Mailing Address
~~6605 N US HIGHWAY 1~~ ~~6660 N. U.S. 1~~ VERO BEACH FL 32967 US WRONG	5450 N. HARBOR CITY BLVD. MELBOURNE FL 32967-5932 US WRONG

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
801 W. New Haven Ave	5450 N. HARBOR CITY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne FLA	City & State: Melbourne FLA
Zip: 32904 Country	Zip: 32967-5932 Country

4. Date Incorporated or Qualified to Do Business In Florida: 04/21/1983

5. FEI Number: 59-2288935 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	CUTLER, WILLIAM	292 ARROWHEAD	MELBOURNE BEACH FL
VD	CUTLER, DANIEL	292 ARROWHEAD	MELBOURNE BEACH FL
V	CUTLER, WILLIAM JR.	292 ARROWHEAD	MELBOURNE BEACH FL
STD	CUTLER, ANGELA	292 ARROWHEAD	MELBOURNE BEACH FL

11/8/96

8. Name and Address of Current Registered Agent

CUTLER, WILLIAM
292 ARROWHEAD
MELBOURNE BEACH FL 32951

9. Name and Address of New Registered Agent

Name: 700002003037--8
11/13/96--01123--006
****375.00 ****375.00
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

10. I, being appointed to the above named corporation, accept the obligations of Section 607.

Signature of Registered Agent MUST SIGN: X Wm Cutler Pres Date: Nov 3 96

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: X Wm Cutler Pres OFFICER OR DIRECTOR Nov 3 96 Date 4:07 PM 1549

G96196 AP