

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

671121

1. Corporation Name

National Cylinder Head Exchange

Principal Place of Business

1446 W. Anderson St.  
Orlando, FL 32789-

Mailing Address

same

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 32805

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 32805

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

April 1, 1984

5. FEI Number

59-2362845

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)

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
P	John P. Lantry	1446 W. Anderson St.	Orlando, FL 32805
VP	CHARLES M. LANTRY JR.	1446 W. ANDERSON ST.	ORL. FL. 32805

500002883085--4

05/21/99--01113--017

\*\*\*1050.00 \*\*\*1050.00

REINSTATEMENT

97-961

12

8. Name and Address of Current Registered Agent

John P. Lantry  
1446 W. Anderson St.  
Orlando, FL 32805

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*John P. Lantry*

REGISTERED AGENT MUST SIGN

Date

04/28/99

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 119.02(3)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*John P. Lantry*

John P. Lantry

04/28/99

(407)423 - 4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR25081 (12-99)