

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H28844

1. Corporation Name

FULL SERVICE ALUMINUM, INC.

Principal Place of Business

8270 PASCAL DR
PUNTA GORDA FL 33980

Mailing Address

8270 PASCAL DR
PUNTA GORDA FL 33980

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

2. New Principal Office Address, If Applicable

24100 TISEO BLVD #3

Suite, Apt. #, etc.
Unit 3

City & State
Port Charlotte FL

Zip
33980

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1984

5. FEI Number

59-2479911

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)
1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

PDS

BAILEY, ALVIN D

8270 PASCAL DR

24100 TISEO BLVD UNIT 3

PUNTA GORDA FL 33980

Port Charlotte, FL 33980

600008878976

11/07/02--01090--002 **150.00

8. Name and Address of Current Registered Agent

BAILEY, ALVIN D

8270 PASCAL DR

PUNTA GORDA FL 33980

24100 TISEO BLVD UNIT 3
Port Charlotte, FL 33980

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-7-02

11. 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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-7-02

Daytime Phone #

CR2E040 (8/02)

282

FULL SERVICE ALUMINUM, INC.

24100 TISEO BLVD -UNIT 3
PORT CHARLOTTE, FLORIDA 33980
Voice 941-624-2778 Fax 941-624-2705

November 6, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

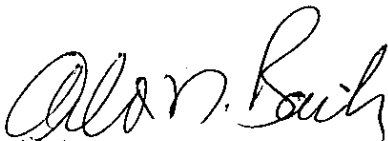
Enclosed please find our Application for Reinstatement form and the filing fee of \$150.00.

I am requesting that the reinstatement fee be waived because we have moved our business this year, and did not received the two prior UBR notices that were mailed to us.

Your consideration in this matter will be appreciated.

Very truly yours,

FULL SERVICE ALUMINUM, INC.



Alvin D. Bailey
President