

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H79535**

1. Corporation Name

BAHR'S ALUMINUM & HARDWARE, INC.

Principal Place of Business

Mailing Address

37827 EILAND BLVD
ZEPHYRHILLS FL 33541
US

37827 EILAND BLVD
ZEPHYRHILLS FL 33541
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1985

5. FEI Number

59-2572923

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	4 City / State / Zip
STD	STONE, JAMES	37323 TEMPLE	ZEPHYRHILLS FL
VD	STONE, PATRICIA	37323 TEMPLE	ZEPHYRHILLS FL
PD	BAHR, RANDALL	37350 NEIGHBORS PATH	ZEPHYRHILLS FL 33541
VD	BAHR, SUZANNE	37350 NEIGHBORS PATH	ZEPHYRHILLS FL 33541

8. Name and Address of Current Registered Agent

MCALVANA, THOMAS P.
303- B HWY 54 WEST
ZEPHYRHILLS FL 34248

9. Name and Address of New Registered Agent

Name **Randy Bahr**
Street Address (P.O. Box Number is Not Acceptable)
37350 Neighbors Path
Suite, Apt. #, Etc.

City **Zephyrhills**

State **FL**

Zip Code **33541**

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

X Randy Bahr
REGISTERED AGENT MUST SIGN

Date **10-17-03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-03 813-782-4777

FILED

03 OCT 21 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/09/03 0107014 78000

CH2E040 (7/03)