

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
98 OCT 21 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J09747

1. Corporation Name

AMERICAN SURE SEAL FLORIDA, INC.

Principal Place of Business

Mailing Address

3630 SW 23rd STREET
MIAMI, FL 33145

SAME

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

2. New Principal Office Address, If Applicable

8525 NW 53rd TERRACE

3. New Mailing Address, If Applicable

8525 NW 53rd TERRACE

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

REINSTATEMENT

92-98

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1987

5. FEI Number

59-2739152

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
PRES	RONALD B. MORTON	6175 DANVILLE ROAD, MISSISSAUGA	ONTARIO, CANADA L5T 2H7
VP	KRYSTYNA MORTON	6175 DANVILLE ROAD, MISSISSAUGA	ONTARIO, CANADA L5T 2H7

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-10/28/98--01031--025

***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ARNOLD POWELL, CPA

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

8525 NW 53rd TERRACE

Suite, Apt. #, Etc.

105

City

MIAMI

State

FL

Zip Code

33166

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

Arnold Powell

REGISTERED AGENT MUST SIGN

Date 10-17-98

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-98 305-470-9907

CR2E040 (12/95)