

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 OCT 17 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J15819**

1. Corporation Name

STEELE BORING CORP.

Principal Place of Business

8037 MIDNIGHT PASS RD.
SUITE 174
SARASOTA FL 34242
US

Mailing Address

8037 MIDNIGHT PASS RD
SUITE 174
SARASOTA FL 34242
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

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	BORING, STEELE	8031 MIDNIGHT PASS RD.	SARASOTA FL
			500002325225--2 -10/21/97--01022--003 ****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

SHAMEL, C. RICHARD, JR.
212 N. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

Name

Charles Geirhart

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

100 Wallace Ave

Suite, Apt. #, Etc.

Suite 260

City

Sarasota

State

FL

Zip Code

34237

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

Charles A. Geirhart

REGISTERED AGENT MUST SIGN

Date

10/15/97

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:

Steele Boring

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

10/14/97

(941) 349-5367

Daytime Phone #

CP2ED040 (7/96)