PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

L14560

1. Corporation Name

SIGNATURE:

UNIMETAL CORPORATION

Principal Place of Business

Mailing Address

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POMPANO DEAGH FL 83809

- BOCA BATCH - BACK



- Book Tike				14 1 L 33430			1 1301(81) 401 11614 11891 81115 31114 8813 81811 81811 81811 81811 81811 81811				
· If above a	offormation and enter correction below.										
2. New Pri	ing Office Address, If Applicable 5. PALK ROAD			Date Incorporated or Qualified To Do Business in Florida 09/11/1989							
Suite, Apt. #, etc.							5. FEI Number Applied For			Applied For	
City & State PALK, FL. CHY & State				OKE PACK Fr.			65-0148005		Not Applicable		
Zip Country Zip				Country			TE OF STATUS DESIRED \$8.75 Additional Fee regulred 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)	Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers			City / State / Zip			
PD	EVANGELOS,	9004A BOCA GARDENS PKWY. 2500 5. PACK. ROAD #2A2			*2A2	PEMBLOKE PALK FL. 33009					
₩	EVANGELOS, BEVERLY A.				9004A-BODA GARDENS PKWY.			BOCA RATON PL			
- 61	-BT EVANGELOO, BEVERLY A.				9004A-BOCA GARDENS PKWY.			BOOK MATCHET	-	10	
·							000021108310 -03/12/9701027003 ****923.75 ****923.75				
1					REINSTATEMENT '9					6-97	
Name and Address of Current Registered Agent											
EVANGELOS, GEORGE					EVANGELOS, GEORGE						
9064A BOCA GARDENS PKWY.					Street Address (P.O.			D. Box Number is Not Acceptable)			
BOCA BATON FL 33496					Suite, Apt. #, Etc.						
	#2			2A2	State Zip Code						
46 1 1 1)		1	PEMBR		KK		0009	
10. I, being appointed the registered agont of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.											
Signature of Registered Agent Date MARCH 10, 1997 REGISTERED AGENT MUST SIGN										97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199,032, Florida Statutes. Yes No											
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.											