

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

97 APR 28 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L31337

1. Corporation Name

CFC STEEL CENTERS, INC.

Principal Place of Business

PO BOX 568942
ORLANDO FL 32856
US

Mailing Address

PO BOX 568942
ORLANDO FL 32856
US

REINSTATEMENT 95-97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3001976

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	FISHER, DAVID W	12644 LK MARY JANE RD	ORLANDO FL
D	FISHER, DAVE	12644 LAKE MARY JANE DR.	ORLANDO FL

900002164499--3
-05/02/97--01137--008
***1080.00 ***1080.00

JB4-29-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POOLE, WILLIAM F. IV ESQUIRE
644 WEST COLONIAL DRIVE
ORLANDO FL 32804

Name

DAVID W. FISHER

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

12644 LK. Mary Jane Rd.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32832

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

DAVID W. FISHER

REGISTERED AGENT MUST SIGN

Date

4/23/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

DAVID W. FISHER

DAVID W. FISHER 4/23/97 407 249-2993

CR2E040 (6/95)