

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**

**97 MAY -5 PM 4:04**

Read Instructions on Other Side Before Making Entries.  
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: **DOCUMENT # L33443**

Mullets Aluminum Products of Charlotte County, Inc.  
17303 Abbott Avenue  
Murdock, Florida 33938

*1996 + 1997*

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing a Certificate of Amendment.  
**TALLAHASSEE, FLORIDA**

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified  
To Do Business in Florida  
**November 30, 1989**

4. FEI Number  
**65-0160306**

FEI Number Applied For  
FEI Number Not Applicable

5. **\$8.75** Additional Fee required  
for a Certificate of Status  
**CERTIFICATE OF STATUS DESIRED ☐**

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
PTSD	Freeman Mullet	7849 Saddle Creek Trail	Sarasota, FL

**000002170340-2**  
**-05/14/97--01046--025**  
**\*\*\*\$915.00 \*\*\*\$915.00**

**REGISTERED AGENT INFORMATION**

8. Name and Address of New Registered Agent and/or Office

Name  
**Freeman Mullet**

Street Address (Do NOT Use P.O. Box Number)

**7849 Saddle Creek Trail**

Street Address (Do NOT Use P.O. Box Number)

City and State

**Sarasota**

Zip

**FL.**

**34241**

7. Name and Address of Current Registered Agent

9. 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

**REGISTERED AGENT MUST SIGN**

Date **4/15/97**

10. 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.)

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., 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 of  
Officer or Director

Date **4/15/97**

Daytime Phone # **941-371-3502**

Typed or printed name of signing officer or director

**Freeman Mullet**

CR2E040 (8/92)