

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L54080**

1. Corporation Name

**STULL'S ALUMINUM INCORPORATED**

Principal Place of Business

Mailing Address

1940 COCO PALM DR  
EDGEWATER FL 32141

1940 COCO PALM DR  
EDGEWATER FL 32141

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/1990

5. FEI Number

60-2069672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$b 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	STULL, OMER	1940 COCO PALM DR	EDGEWATER FL
DT	STULL, PAULETTE	1940 COCO PALM DR	EDGEWATER FL
VD	STULL, MICHAEL	1931 EVERGREEN DR	EDGEWATER FL
SD	STULL, MICHELLE	1931 EVERGREEN DR	EDGEWATER FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STULL, OMER  
1940 COCO PALM DR  
EDGEWATER FL 32141

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

*Ommer Stull*

REGISTERED AGENT MUST SIGN

Date

11/1/99

11. 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:

*Paulette E. Stull* PAULETTE E. STULL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/99

1-904-427-

8991

FILED

99 NOV -4 AM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99 11 TS

CR2040 (8/99)