

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L73211

1. Corporation Name

R & M Aluminum, Inc.

Principal Place of Business

Mailing Address

FILED
97 MAR 18 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 91-97

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

2. New Principal Office Address, If Applicable

1050 Tara Vista Dr.

Suite, Apt. #, Etc.

City & State

Sarasota FL

Zip

34232

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 7010

Suite, Apt. #, Etc.

City & State

Sarasota FL

Zip

34278

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 11, 1990

5. FEI Number

59-3020629

Applied For

Not Applicable

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
Pres. Sec.	Rick A Burns	1814 E. Leewyn Dr	Sarasota FL 34230
V Pres Treas	Michael D Souder	1050 Tara Vista Drive	Sarasota FL 34232

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3/18/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Michael D Souder

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

1050 Tara Vista Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

Michael D Souder
REGISTERED AGENT MUST SIGN

Date

3/13/97

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:

Michael D Souder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael D Souder

3/13/97
Date

(941) 377-3521
Daytime Phone #