

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

REMOVED
AND
FILED

98 NOV 23 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L92383

1. Corporation Name

BICKEL'S ALUMINUM, INC.

Principal Place of Business

Mailing Address

BAY #10
PINEWOOD BUILDING IND. RD.
BIG PINE KEY FL 33043
US

85 INDUSTRIAL RD.
BIG PINE KEY FL 33043
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0216772

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SCOTT, WILLIAM J.	1757 PINE CHANNEL DRIVE	SUMMERLAND KEY FL
V	SCOTT, CHRIS L <i>Delete</i>	1757 PINE CHANNEL DRIVE	SUMMERLAND KEY FL 33042
T	TRUMBLE, JIM <i>Delete</i>	RT. 1, BOX 546	BIG PINE KEY FL 33043
S	SCOTT, GUY B	P.O. BOX 876 N/A	BIG PINE KEY FL 33043
M	SHEARER, SCOTT <i>Delete</i>	BOX 664	BIG PINE KEY FL 33043
			<i>BR 4/25</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCOTT, WILLIAM J. 900002700069--5
1757 PINE CHANNEL DRIVE -12/02/98--01038--015
SUMMERLAND KEY FL 33042 *****750.00 *****750.00

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

[Signature] **REQUIRED**
(REGISTERED AGENT MUST SIGN)

Date 11-18-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

William Scott **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98 305-822-1177
Date Daytime Phone #

CR20040 (9/98)