

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 16 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002077

1. Corporation Name

Destin Aluminum Railing Services, Inc

REINSTATEMENT 02-03

2. Principal Office Address

16580 US HWY 331 S

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Freeport, Florida

City & State

same

Zip  
32439

Country

US

Zip

same

Country

same

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb 2001

5. FEI Number

59-3690815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronda Bolin

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

16580 US HWY 331 South

Suite, Apt. #, Etc.

City

Freeport

State  
FL

Zip Code

32439

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Ronda Bolin

REGISTERED AGENT MUST SIGN

Date 7/14/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	TERRY BOLIN	16580 US HWY 331 S	Freeport, FL 32439

10. 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

Ronda Bolin Ronda Bolin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/2003 850-835

Daytime Phone #

2355

gr 7/16

CR2E081 (10/02)