

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

113

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 PM 1:17

DOCUMENT # P02000010233

1. Corporation Name

3D ALUMINUM & SCREENS, INC.

Principal Place of Business

Mailing Address

833 SE STREAMLET AVE
PORT ST LUCIE FL 34983

833 SE STREAMLET AVE
PORT ST LUCIE FL 34983



REINSTATEMENT

03

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

01/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3588095

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PHYS	DONALD J. SPENCE	833 SE STREAMLET AVE PORT ST LUCIE, FL 34983	PORT ST LUCIE, FL 34983

200024055102
10/23/03--01078--019 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPENCE, DONALD
833 SE STREAMLET AVE
PORT ST LUCIE FL 34983

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. or 617.0505, F.S.

Signature of
Registered Agent

Donald J. Spence

REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

Donald J. Spence

Donald J. Spence

10/20/03 622059-1365

Date

Daytime Phone #

CR2040 (7/03)

October 21, 2003

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madam,

I am writing in reference to the certificate of Administrative Dissolution or Revocation of my corporation, which I received on October 20, 2003. My records indicate that my check number 2084 was issued on April 17, 2003 to Florida Department of State. My records indicate that this check has not cleared my account. I have requested that a stop payment be placed on check 2084 through my financial institution. I am issuing check number 2135 for the amount of 158.75 to clear up my situation, one hundred fifty to replace my initial check and an additional 8.75 for the certificate of status.

Thank you for bringing this matter to my attention and I look forward to continue conducting business in the State of Florida.

Sincerely,

A handwritten signature in dark ink, appearing to read "Donald J. Spence", with a stylized flourish at the end.

Donald J. Spence
President/Owner

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

REJECTED
P02000010233

313

DOCUMENT # P02000010233

1. Entity Name
3D ALUMINUM & SCREENS, INC.



Principal Place of Business
833 SE STREAMLET AVE
PORT ST LUCIE FL 34983

Mailing Address
833 SE STREAMLET AVE
PORT ST LUCIE FL 34983



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

4-3588095

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPENCE, DONALD
833 SE STREAMLET AVE
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald J. Spence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

(772) 340-8803
Daytime Phone #

CR2E034 (10/02)