

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:53

DOCUMENT # P02000060230

1. Corporation Name

ACTYS METAL ART & FENCE, INC.

SECRETARY OF STATE
REINSTATEMENT 07

Principal Place of Business

Mailing Address

7199 N.W. 7TH AVENUE
MIAMI FL 33150

7199 N.W. 7TH AVENUE
MIAMI FL 33150



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

05/31/2002

5. FEI Number

74-3087641

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	4 City / State / Zip
D	DUMELFORT, MIGUEL J	12900 N.E. 13TH AVENUE	NORTH MIAMI FL 33161
D	ANOZARD, TIALY	2647 ACAPULCO DRIVE	MIRAMAR FL 33023

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUMELFORD, MIGUEL J
12900 N.E. 13TH AVENUE
NORTH MIAMI FL 33161

Name TIALY ANOZARD

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

2647 ACAPULCO DR.

Suite, Apt. #, Etc.

City MIRAMAR

State FL

Zip Code 33023

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

Tialy Anozard
REGISTERED AGENT MUST SIGN

Date 10-14-03

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 149.07(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:

Tialy Anozard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03 786 255-9541

Date

Daytime Phone #

CR2E040 (7/03)