

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 17 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



600023891246  
10/17/03--01033--008 \*\*150.00

DOCUMENT # **P02000119292**

1. Corporation Name

**ARMCO MANUFACTURING INC**

Principal Place of Business

Mailing Address

2600 SW 3RD AVE  
FT LAUDERDALE FL 33315

2600 SW 3RD AVE  
FT LAUDERDALE FL 33315

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

11/04/2002

5. FEI Number

14-1859877

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
Pres.	Elaine Armstrong	760 SE 22ND AVE POMPANO BEACH FL 33062	POMPANO BEACH FL 33062
Vice Pres	DOUG Armstrong	760 SE 22ND AVE	POMPANO BEACH, FL 33062

8. Name and Address of Current Registered Agent

ARMSTRONG, ELAINE  
760 SE 22ND AVE  
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

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

*Elaine Armstrong*

Date

10-7-03

REGISTERED AGENT MUST SIGN

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:

*Elaine Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/03

Daytime Phone #

954-764-7622

**RENDOVA MARINE CENTER**

**2600 SW 3<sup>rd</sup> Avenue  
Ft. Lauderdale, FL 33315**

**October 10, 2003**

**TO: State of Florida**

**FR: Armco Manufacturing, Inc.**

**RE: Dissolution of Corporation**

Dear State of Florida,

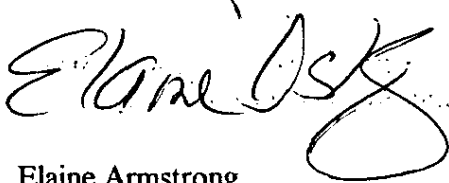
I am attaching the reinstatement form, but need to have the extra fees waived, since I never received the two UBR notices you sent.

We have an outside mailbox on the building and have periodic problems with receiving mail, but the postman is now bringing the mail inside the building.

I have enclosed a check for \$150.00 for the annual corporate fee.

Thank you for your understanding in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Elaine Armstrong".

Elaine Armstrong  
President  
Armco Manufacturing, Inc