

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000156717

1. Corporation Name David Cardo Aluminum Cont. Inc.

2. Principal Office Address - No P.O. Box #

750 Brumley Rd

Suite, Apt. #, etc.

City & State

Chuluota, FLA

Zip

32766

Country

USA

3. Mailing Office Address

750 Brumley Rd

Suite, Apt. #, etc.

City & State

Chuluota, FL

Zip

32766

Country

USA

7. Name and Address of Current Registered Agent

Name

Dave Cardo

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

750 Brumley Rd

Suite, Apt. #, Etc.

City

Chuluota

State

FL

Zip Code

32766

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/27/07

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
P	David Cardo	750 Brumley Rd	Chuluota, FL 32766
VP	Luisa Cardo	750 Brumley Rd	Chuluota FL 32766
	<u>Mioh</u>		

09/21/07--01024--011 **300.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/07

Date

407-802-9958

Daytime Phone #

FILED

07 OCT -1 AM 9:45

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/03

5. FEI Number

200532503

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

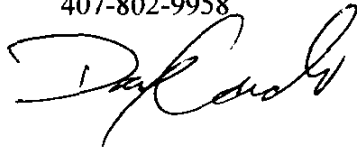
\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

To whom it may concern,

I am writing this letter in the concerns of reinstatement of corporation. I have not received any letters or information on dissolution of the corporation. I am not sure if it went to my old address or was not sent to me but I have moved since starting the corporation. My present address is 750 Brumley Rd Chuluota, Florida 32766. I was to pay the \$300.00 due to reinstate so I have enclosed the check for the fee.

Thank you ,
Dave Cardo
407-802-9958

A handwritten signature in black ink, appearing to read "Dave Cardo", is written over the printed name and phone number.