

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000001786

1. Corporation Name

C.A.F. STEEL WORKS, INC.

2. Principal Office Address - No P.O. Box #
289 MALEAN DRIVE

Suite, Apt. #, etc.

City & State
APOPKA

Zip
32712

Country
USA

3. Mailing Office Address
289 MALEAN DRIVE

Suite, Apt. #, etc.

City & State
APOPKA

Zip
32712

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **DECEMBER 30, 2003**

5. FEI Number
20-0660539

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
TEX FRANCIS

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

Suite, Apt. #, Etc.

City
APOPKA

State
FL

Zip Code
32712

☒ 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.

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

Tex Francis

Date **03/27/07**

REGISTERED AGENT MUST SIGN

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
PRES	TEX FRANCIS	289 MALEAN DRIVE	APOPKA, FL 32712
VP	ALICIA FRANCIS	289 MALEAN DRIVE	APOPKA, FL 32712
	<i>\$341/2</i>		400095004424 04/06/07--01044--011 **1200.00

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:

Tex Francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/07

Date

321-228-1668

Daytime Phone #

FILED
07 MAR 28 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07
CR2E081 (1/07)