

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG -7 AM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 05000150465

1. Corporation Name

ALUMINUM STRUCTURAL DESIGN CORP.

W09-34801

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

2043 W 62 ST

Suite, Apt. #, etc.

Hialeah

City & State

33016 FL

Zip

Country

3. Mailing Office Address

19841 NW 82 CT

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

Country

33015

300159015463

07/29/09--01037--003 **450.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/2005

5. FEI Number

680616686

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

Cesar Castillo

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

19841 NW 82 CT

Suite, Apt. #, Etc.

Hialeah

City

State

FL

Zip Code

33015

☒ 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

REGISTERED AGENT MUST SIGN

Date 7/21/09

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
PRESIDENT	CESAR CASTILLO	19841 N.W 82 CT	HIALEAH, FL. 33015
VICE-PRES.	ODISA AHUMADA	19841 NW 82 CT	HIALEAH, FL. 33015

REINSTATEMENT

RH

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

7/21/09 (305) 829-9640

Date

Daytime Phone #