

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000026555

1. Corporation Name

SINGLE PLY & METAL, CORP.

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

210 REDONDO WY

Suite, Apt. #, etc.

3. Mailing Office Address

210 REDONDO WY

Suite, Apt. #, etc.

City & State

WELLINGTON, FL.

City & State

WELLINGTON, FL.

Zip

33414

Country

WESTPALM

Zip

33414

Country

WESTPALM

7. Name and Address of Current Registered Agent

Name

MARTINEZ, JORGE

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

210 REDONDO WY

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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 **03-22-2010**

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	MARTINEZ, JORGE	210 REDONDO WY	WELLINGTON, FL. 33414

10. E-mail Address: **amgtaxservices@yahoo.com.mx**

(To be used for future annual report notification)

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, I further certify, 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

Date

Daytime Phone #

FILED

10 MAR 30 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000173689520

03/30/10--01028--017 **750.00

07/14/09 01009 008 1,050.00

REINSTATEMENT

07-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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.