

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB -8 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000126060

1. Corporation Name

Al's Custom Fab Inc

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

4384 Progress Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

4384 Progress Ave.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34104

Country

Collier

Zip

34104

Country

Collier

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11-26-2007

5. FEI Number

26-1576590

☐ 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

Albert Rothermel

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

5611 Dogwood Way

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

400221036894
02/08/12--01031--006 **1208.75

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 *x*

Al Rothermel

Date **2-5-12**

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
P	Albert Rothermel	5611 Dogwood Way	Naples, Fl. 34116

10. E-mail Address: **alscustomfab@gmail.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Al Rothermel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-12 2392620238

Date

Daytime Phone #