

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

### 1. Corporation Name

AMERICAN METAL REFINISHERS, INC.

Principal Place of Business

Mailing Address

504 N. HUDSON ST.  
ORLANDO, FL 32835

504 N. HUDSON ST.  
ORLANDO, FL 32835

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Ant. #, etc.

City & State WA

City & State N/A

Zip | Country

Zip  Country 

4. Date Incorporated or Qualified To Do Business in Florida

8-18-1984

5. FEI Number

36-3489805

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WIEST, ROBERT	102 PIER POINT CT.	ORLANDO, FL 32835
<del>PD</del>			
VSD	SANTELER, JEFFREY	243 ASHBOURNE DRIVE	ORLANDO, FL 32835
			<div data-bbox="1255 1207 1472 1331" style="text-align: right;"> <i>8/16/98</i> </div> <div data-bbox="1021 1331 1487 1423" style="text-align: right;"> 400002494614--3  -04/21/98--01021--010  ***908.75 ***908.75 </div>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANTER, JEFFREY R  
243 ASHBURNE DRIVE  
ORLANDO, FL 32835

**Namie**

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

Suite, Apt. #, Etc.

City

State	Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7-13-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

Data

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09/07/2018