

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 PM 1:37

DOCUMENT # **P930000 36641**

1. Corporation Name

CARMACK'S QUALITY ALUMINUM, INC

2. Principal Office Address

8052 LEO KIDD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

8052 LEO KIDD AVE

Suite, Apt. #, etc.

City & State

PORT RICHEY FL

Zip Country

34668 USA

City & State

PORT RICHEY FL

Zip Country

34668 USA

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-1-93

5. FEI Number

59-3080637

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

BOB L. CARMACK

200003283262-6

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

4844 GRANDVIEW AVE

06/09/00-01092-001

*****900.00 ***900.00**

Suite, Apt. #, etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34652

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

Bob L. Carmack

Date **5-17-00**

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	BOB L. CARMACK	4844 GRANDVIEW AVE	NEW PORT RICHEY FL 34652
TREAS	LOUISE CARMACK	4844 GRANDVIEW AVE	NEW PORT RICHEY FL 34652
VP			
SEC			

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 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:

Bob L. Carmack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-00

Date

Daytime Phone #

CR2E081 (9/99)