

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P93000048015

1. Corporation Name

FLORIDA METAL INDUSTRIES, INC.

Principal Place of Business

Mailing Address

1880 W. 33RD PLACE
SUITE-203
HIALEAH FL 33012
US

~~1880 W. 33RD PLACE~~
~~SUITE 203~~
~~HIALEAH FL 33012~~
~~US~~

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.

P.O. Box 830543
Suite, Apt. #, etc.
Miami, Florida

City & State

City & State

Zip

Country

Zip

Country

33283

Mia-Dade U.S.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
06/30/1993

5. FEI Number

65-0422717

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
PTD	SHAVER, D S	10899 SW 72ND ST., SUITE 203	MIAMI FL 33173
VP/S	Monte, Michael	10899 SW 72nd St., Ste #203	Miami, Fl. 33173

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REISMAN, STEPHEN H
1 SE 3RD AVENUE
SUITE-2600 #3050
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/98

Date

305-595-3596
Daytime Phone #

CR2E040 (9/93)