

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -2 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000048175

1. Corporation Name

BUDGET SCREENING AND ALUMINUM, INC.

Principal Place of Business

7025 SW 16TH CT  
PEMBROKE PINES FL 33023

Mailing Address

7025 SW 16TH CT  
PEMBROKE PINES FL 33023



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/1993

5. FEI Number

65-0430709

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	WOLFE, SAM	7025 SW 16TH CT	PEMBROKE PINES FL 33023

100003473381--5  
-11/21/00--01108--002  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

SCHREIBER, DEARRYL S ESQ  
5600 SHERIDAN ST  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

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

Date

REGISTERED AGENT MUST SIGN

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 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL L WOLFE PRESIDENT

Date

Daytime Phone #

954 983 7705

CR2E040 (8/00)

20F2

October 30, 2000

Budget Screening & Aluminum, Inc.  
7025 SW 16 CT.  
Pembroke Pines, FL 33023

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Sirs,

Our records indicate that we sent in our annual fee on or before the May 1, 2000 deadline. The check was not negotiated and due to an oversight in accounting the error was not detected till we received your Application for Reinstatement. We now ask your forgiveness in this matter and attach to this letter the completed Application for Reinstatement along with a check for \$150 as instructed by your kind representative.

Sincerely,

A handwritten signature in black ink, appearing to read "Sam Wolfe", with a stylized flourish extending from the end.

Sam Wolfe, President