

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -2 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000085562**

1. Corporation Name

ANODIZING PROFESSIONALS, INC

2. Principal Office Address

1113 48TH STREET

Suite, Apt. #, etc.

BAY 6

City & State

MANGONIA PARK, FL

Zip

33407

Country

US

3. Mailing Office Address

3558 SE DOUBLETON DR

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34997

Country

US

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

5. FEI Number

65-0455197

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

G.O. NORDGREN

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

3558 SE DOUBLETON DR

Suite, Apt. #, Etc.

City

STUART, FL

State

FL

Zip Code

34997

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

G.O. Nordgren

Date

3-18-2003

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/CEO	G.O. NORDGREN	3558 SE DOUBLETON DR.	STUART, FL 34997
SECT	R.A. NORDGREN	3558 SE DOUBLETON DR	STUART, FL 34997

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:

G.O. Nordgren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.O. NORDGREN

3/18/03 561-842-6974

Date

Daytime Phone #

CR2E081 (10/02)

js 4/3

ANODIZING PROFESSIONALS, INC.

(West Palm Beach)

March 18, 2003

1113 48th Street Bay #6, Mangonia Park, FL 33407
Phone (561) 842-6974 Fax (561) 842-0809

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement P93000085562

Reference: Telephone Conversation

Gentlemen:

In accordance with the referenced telecon, I request reinstatement of Anodizing Professionals, Inc. (see enclosed form) and forwarding a check for \$300.00. The mailing address changed in June/July 2001 to the current address on the form. The yearly form to keep the Corporation current was never forwarded to the new address; consequently, I didn't update or send in my fees. Without the reminder form from the State, I simply forgot.

Please reinstate Anodize Professionals, Inc.

Thank you,



G.O. Nordgren
President

Enc.: Completed Reinstatement Form
Check #5717 for \$300.00
Document showing old/new address