

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 1:25

DOCUMENT # **P94000002231**

1. Corporation Name

FLORIDA STYLE ALUMINUM, INC.

Principal Place of Business

13190 IDYLWILD RD
FT MYERS FL 33905

Mailing Address

13190 IDYLWILD RD
FT MYERS FL 33905

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

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1994

5. FEI Number

65-0461246

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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	4 City / State / Zip
PD	MCCURDY, ANDREW	13190 IDYLWILD RD	FT MYERS FL 33905
STD	MCCURDY, CAROL	13190 IDYLWILD RD	FT MYERS FL 33905

300003032663--8
-11/02/99-01077-007
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

CATZ, ROCHELLE Z
13161 MCGREGOR BLVD
FT MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

6361 Presidential Court, Suite A

Suite, Apt. #, Etc.

Ft. Myers

City

Ft. Myers

State

FL

Zip Code

33919

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

Rochelle Z. Catz
REGISTERED AGENT MUST SIGN

Date

10/20/99

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-99 941-590-9570
Date Daytime Phone #

CRCEM (6/99)