

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 # P94000003540

1. Corporation Name
Largo Aluminum Incorporated

Principal Place of Business Mailing Address
86500 Overseas Highway P.O. Box 659
Islamorada, Fl 33036 Tavernier, Fl 33070
No Mail Receptacle

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
January 6, 1994

5. FEI Number

65-0458837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

98 NOV -6 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-98

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
pres	John Mark Kasianowicz	107 Redwing Road	Tavernier, Fl 33070
v-pres	Micheal H Powell	724 Garden State Lane	Key Largo, Fl 33037

9000002686829-0
-11/13/98-01037-003
***1850.00 ***1850.00

(Signature)

8. Name and Address of Current Registered Agent

John Mark Kasianowicz
107 Redwing Road
Tavernier, Fl 33070

9. Name and Address of New Registered Agent

Name
John Mark Kasianowicz
Street Address (P.O. Box Number is Not Acceptable)
107 Redwing Road
Suite, Apt. #, Etc.
Tavernier
City

State
FL
Zip Code
33070

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)

REGISTERED AGENT MUST SIGN

Date 11-03-98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M Kasianowicz

11-3-98
Date

305852-2390
Daytime Phone #

CR2040 (1/98)