

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 # **P94000020392**

1. Corporation Name

**TM ARCHITECTURAL PRODUCTS, INC.**

Principal Place of Business

601 N.W. 12TH AVE.  
POMPANO BEACH FL 33069

Mailing Address

601 N.W. 12TH AVE.  
POMPANO BEACH FL 33069

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

03/15/1994

5. FEI Number

65-0520835

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
C	METZGER, THOAMS J	601 N.W. 12TH AVE.	POMPANO BEACH FL 33069
P	WALKER, EARL	601 N.W. 12TH AVE.	POMPANO BEACH FL 33069
V	YOUNG, TYRONE A	601 N.W. 12TH AVE.	POMPANO BEACH FL 33069
V	SAUCEDA, RUBEN	601 N.W. 12TH AVE.	POMPANO BEACH FL 33069
V	THOMAS, CURLEY	601 N.W. 12TH AVE.	POMPANO BEACH FL 33069
V	METZGER, MICHAEL J	601 NW 12TH AVE	POMPANO BCH FL

8. Name and Address of Current Registered Agent

BATTISTA, PAUL J ESQ.  
% KELLY DRYE & WARREN  
201 S. BISCAYNE BLVD., STE. 2400  
MIAMI FL 33069

9. Name and Address of New Registered Agent

Name Michael J Metzger  
Street Address (P.O. Box Number is Not Acceptable)  
601 NW 12th Ave  
Suite, Apt. #, Etc. 500002725555--8  
City Pompano Beach State FL Zip Code 33069

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

X

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11-15-98

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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-98 954-781-4430