

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

96 NOV - 4 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000045376**

1. Corporation Name

**GENESIS ALUMINUM, INC.**

Principal Place of Business

Mailing Address

2877 CR 422  
LAKE PANASOFFKEE FL 33538

2877 CR 422  
LAKE PANASOFFKEE FL

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

P.O. BOX 1346 LAKE PANASOFFKEE FL 33538

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

33538

Country

5. FEI Number

Applied For

59-3315714

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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
PD	ROTH, CARL	2877 CR 422	LAKE PANASOFFKEE FL 33538
VD	CHRISTLIEB, SHANANDOAH	2877 CR 422	LAKE PANASOFFKEE FL 33538
SD	ROTH, MARYANNE	2877 CR 422	LAKE PANASOFFKEE FL 33538
TD	ROTH, CARL	2877 CR 422	LAKE PANASOFFKEE FL 33538
			000002003980--6 -11/14/96--01009--012 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROTH, CARL  
2877 CR 422 P.O. BOX 1346  
LAKE PANASOFFKEE FL 33538

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

*Carl R. Roth*

REGISTERED AGENT MUST SIGN

Date

9-22-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Carl R. Roth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)568-1570

CRS-000 (7/95)