

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

APPROVED
AND
FILED

97 AUG 15 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-95000070815

1. Corporation Name

A.G.E. ALUMA INC

WA 7-11095

Principal Place of Business

4270 ALUMA AVE
WINTER PARK, FL
32792

Mailing Address

555 Heatherbrite
Apopka, FL 32712

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3333886

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DIRECTOR	GARY MULINI	555 Heatherbrite Cir	Apopka, FL 32712
DIRECTOR	EARL SNIFFEN	1705 N. 2525 Rd	OTTAWA, IL 61350
DIRECTOR	CYNTHIA KRUSE	185 HAVILAND PT.	LONGWOOD, FL 32779

REINSTATEMENT

96-97

A. Alan

8. Name and Address of Current Registered Agent

GARY E. MULINI
555 HEATHERBRITE CIR
APOPKA, FL 32712

9. Name and Address of New Registered Agent

Name SAME

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

PO BOX 270987--0

Suite, Apt. #, Etc.

08/19/97-01031-027

****915.00 ****915.00

City

State

Zip Code

FL

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

7/8/97

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:

[Signature] GARY MULINI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/97 (407) 673-2342

Date

Daytime Phone #

CR2040 (12/96)