

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 23 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000094373**

1. Corporation Name

ALL CUSTOM ALUMINUM, INC.

Principal Place of Business

485 NEEDLE BLVD
MERRITT ISLAND FL 32953

Mailing Address

PO BOX 3112
COCOA FL 32922



REINSTATEMENT 1996
mw3

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

140 VARR AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO BOX 3311

Suite, Apt. #, etc.

City & State

COCOA FL

City & State

COCOA FL

Zip

32924

County

BREVARD

Zip

32924

County

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1995

5. FEI Number

Applied For

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
D	ALSTON, KENNETH	485 NEEDLE BLVD	MERRITT ISLAND FL 32953
D	BROOKS, ROSEANNE	485 NEEDLE BLVD	MERRITT ISLAND FL 32953

800002037938--6
-12/26/95--01005--008
****383.75 ****383.75

8. Name and Address of Current Registered Agent

ALSTON, KENNETH
485 NEEDLE BLVD
MERRITT ISLAND FL 32953

9. Name and Address of New Registered Agent

Name

ROSEANNE BROOKS

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

485 Needle Blvd

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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 12/5/96

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 taxes 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/96

Daytime Phone #

(407) 452-4112