

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022200

1. Corporation Name

JORDAN'S ALUMINUM, INC.

Principal Place of Business

6145 JOHNSON STREET
HOLLYWOOD FL 33024
US

Mailing Address

6145 JOHNSON STREET
HOLLYWOOD FL 33024
US

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

2. New Principal Office Address, If Applicable

116 N. 61 AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

116 N. 61 AVE.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33024

Country

USA

City & State

HOLLYWOOD, FL

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1996

5. FEI Number

65-0652011

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JORDAN, GLENN	2170 N.W. 93RD AVE.	PEMBROKE PINES FL 33024
D	JORDAN, LISA	2170 N.W. 93RD AVE.	PEMBROKE PINES FL 33024
			600003436416--0 -10/24/00--01037--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

JORDAN, GLENN
2170 N.W. 93RD AVE.
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-12-2000

11. 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 REQUIRED
GLENN JORDAN

Date

10-12-2000

Daytime Phone #

954-986-1329