

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000033920

1. Corporation Name

BSM FABRICATION & INSTALLATION, INC.

Principal Place of Business

Mailing Address

9424 BELL HAVEN ST 9307 N. 14<sup>TH</sup> ST. P.O. BOX 15537 9307 N. 14<sup>TH</sup> ST.  
TAMPA, FL 33617 TAMPA, FL 33612 TAMPA, FL 33684 TAMPA, FL 33662  
US US

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

9307 N. 14<sup>TH</sup> ST.  
Suite, Apt. #, etc.

9307 N. 14<sup>TH</sup> ST.  
Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip 33612 Country USA

Zip 33612 Country USA

REINSTATEMENT 01-04



4. Date Incorporated or Qualified  
To Do Business in Florida

04/15/1996

5. FEI Number

59-3369237

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
PD	STARGEL, STEVEN W	<del>9424 BELL HAVEN ST</del> 9307 N. 14 <sup>TH</sup>	TAMPA FL 33612
VSTD	STARGEL, LINDA J	<del>9424 BELL HAVEN ST</del> 9307 N. 14 <sup>TH</sup>	TAMPA FL 33612
VD	MESSER, JAMES L	<del>9424 BELL HAVEN ST</del> 9307 N. 14 <sup>TH</sup>	TAMPA FL 33612

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12/21/04--01052--001 \*\*1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STARGEL, JOHN K  
2850 FORESTBROOK DR. EAST  
LAKELAND FL 33811

Name

JOHN K. STARGEL

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

9307 N. 14<sup>TH</sup> STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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

JOHN K. STARGEL  
REGISTERED AGENT MUST SIGN

Date

12-15-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA J. STARGEL  
LINDA J. STARGEL, VSTD

Date

Daytime Phone #

12-16-04 932-6211 (P/B)

CR2E040 (8/01)