

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000074919**

1. Corporation Name

UNIVERSAL DOOR MANUFACTURING CO., INC.

Principal Place of Business

**51 RIVER DRIVE
TEQUESTA FL 33469**

Mailing Address

**51 RIVER DRIVE
TEQUESTA FL 33469**

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

2. New Principal Office Address, If Applicable

**700 N.W. 57TH COURT
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**4701 MASSACHUSETTS AVE
Suite, Apt. #, etc.**

City & State

FT. LAUDERDALE, FLORIDA

City & State

INDIANAPOLIS, INDIANA

Zip

33309-2085

Country

Zip

46218

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1996

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BUR, ALAN BIR, ALLAN	51 RIVER DRIVE	TEQUESTA FL 33469

**800002385348--6
-12/30/97--01024--002
****750.00 ****750.00**

B. Name and Address of Current Registered Agent

**BUR, ALAN BIR, ALLAN
51 RIVER DRIVE
TEQUESTA FL 33469**

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

Allan Bir

REGISTERED AGENT MUST SIGN

Date

12/1/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Allan Bir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/97

(317) 542-4290

Daytime Phone #