

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 # P96000092713

1. Corporation Name

A-W ALUMINUM FABRICATION, INC.

Principal Place of Business

~~701 NORTH MOODY ROAD, BLD 10-1~~
PALATKA FL 32177

Mailing Address

~~701 NORTH MOODY ROAD, BLD 10-1~~
PALATKA FL 32177

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

11/12/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701 NORTH MOODY RD., BLD 10-1
City & State

701 NORTH MOODY RD., BLD 10-1
City & State

5. FEI Number

59-3433614

Applied For

Not Applicable

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
PD	WEINER, ARCHIBALD III	701 NORTH MOODY ROAD, BLD 10-1 40-1 BLD. 10-1	PALATKA FL 32177
VD	WEAVER, GLENN ALLAN	701 NORTH MOODY ROAD, BLD 10-1 14-3	PALATKA FL 32177
ST	WHITE, MARY E	701 NORTH MOODY ROAD, BLD 10-1 14-3 BLD. 10-1	PALATKA FL 32177
VD	WEINER, BAMBI L.	701 NORTH MOODY RD, BLD 10-1	PALATKA, FL 32177
			600002616346--3 -08/14/98--01053--017 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Spiegel & Utrera, P.A., d/b/a AmeriLawyer

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

343 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

By:

Natalia Utrera, Vice President

Date 7/21/98

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/98
Date

(904) 328-9866
Daytime Phone #