

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1998 JAN -8 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098795

1. Corporation Name

ARCHITECTURAL METAL INSTALLATIONS, INC.

Principal Place of Business

2800 ALMEDA STREET
JACKSONVILLE FL 32209

Mailing Address

2800 ALMEDA STREET
JACKSONVILLE FL 32209

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1996

5. FEI Number

59-3414491

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/P	POWELL, SALLY	2745 PACES FERRY ROAD EAST	JACKSONVILLE FL 32073
D/ST	POWELL, EDWARD R	2745 PACES FERRY ROAD EAST	JACKSONVILLE FL 32073
D/UP	POWELL, EDWARD R JR	1595 LAKE BEND PLACE	ORANGE PARK FL 32073

REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAXWELL, RONALD W
4800 ATLANTIC BLVD
SUITE 4
JACKSONVILLE FL 32207-2129

Name

SALLY D POWELL

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

2745 PACES FERRY RD E

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32073

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

Sally D Powell
REGISTERED AGENT MUST SIGN

Date

1-6-98

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:

Sally D Powell SALLY D POWELL
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-98

Date

904 353 1735

Daytime Phone #

CR2E040 (8/97)