

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 OCT 19 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086033

1. Corporation Name

MARCO ISLAND SCREEN AND ALUMINUM INC.

Principal Place of Business

824 WINDWARD DRIVE  
MARCO ISLAND FL 34145

Mailing Address

824 WINDWARD DRIVE  
MARCO ISLAND FL 34145

761-E EIKRAM CIR  
MARCO IS. FL 34145

761-E EIKRAM CIR  
MARCO IS FL 34145

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

2. New Principal Office Address, If Applicable

761 E EIKRAM CIR

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. SAME

City & State

MARCO ISLAND FL

City & State

Zip Country

Zip 34145

Country COLLIER

Zip

Country



REINSTATEMENT 990

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/1998

5. FEI Number

105-0488303

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	KEITH NELSON	1083 N. COLLIER BLVD	MARCO ISLAND FL 34145

400003025684--2  
-10/26/99--01074--008  
\*\*\*\*758.00 \*\*\*\*758.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWARDS, KIMBERLY  
200 ASTLE CIRCLE  
PANAMA CITY BEACH FL 32413

Name

John A. ONBILL

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

1405 BUTTERFIELD CT

Suite, Apt. #, Etc.

City MARCO ISLAND

State

FL

Zip Code

34145

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 A. Onbill

Date 10/14/99

REGISTERED AGENT MUST SIGN

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:

Keith Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH NELSON

10/19/99

Date

941  
394-2412

Daytime Phone #

KE