

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 15 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA8000105291

1. Corporation Name

ALUMA-TEC OF CENTRAL FLORIDA, INC.

2. Principal Office Address

851 NW 24TH COURT

Suite, Apt. #, etc.

3. Mailing Office Address

851 NW 24TH COURT

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34475

Country

Zip

34475

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified

To Do Business in Florida

12/17/98

5. FEI Number

☒

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK CRUMRINE

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

851 NW 24TH COURT

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34475

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2-14-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, TR	MARK CRUMRINE	851 NW 24TH COURT	OCALA, FL 34475
VP, S	WILLIAM J. CANGANELLI	851 NW 24TH COURT	OCALA, FL 34475

10. 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

Date

Daytime Phone #

2-14-00

352-732-7362

KE

CH2E081 (9/99)