

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000023905**

1. Corporation Name

SPUN BRASS, INC.

Principal Place of Business

**1491 NORMANDY BOULEVARD
DELTONA FL 32725**

Mailing Address

**1491 NORMANDY BOULEVARD
DELTONA FL 32725**



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

03/16/1999

5. FEI Number

59-3563289

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 3	City / State / Zip 4
PSTD	AVILES, ANDRES	1491 NORMANDY BOULEVARD	DELTONA FL 32725
V	AVILES, ROSA	1491 NORMANDY BOULEVARD	DELTONA FL 32725

100009242991
11/27/02--01083--002 **150.00

B. 12/14

8. Name and Address of Current Registered Agent

**LEMUS, ANTONIO CPA
108 MARCIA DR
ALTAMONTE SPRINGS FL 32714**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/20/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-25-02

CR2E040 (8/02)

Spun Brass, Inc.
1491 Normandy Boulevard
Deltona, FL 32725

November 20, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: **2002 Corporate Uniform Business Report**
FEI#: 59-3563289

Dear Sir or Madam:


We recently received your Notice of Administrative Dissolution or Revocation. Upon receipt of this notice we realized that we had failed to file our 2002 Uniform Business Report. We had not received the original 2002 Uniform Business Report, however and were quite surprised to find a Notice of Dissolution.

We are enclosing the signed Application for Reinstatement, along with the \$150.00 Fee in hopes that you would accept it as our original 2002 Uniform Business Report.

Since the error in our failing to file the Annual Report was due to the lack of receiving the initial report, we would like to respectfully request the abatement of any penalties relating to this.

Your time and consideration regarding this matter is greatly appreciated.

Respectfully,


Andres Aviles, President
Spun Brass, Inc.