

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

AND FILED

01 MAR 14 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043034

1. Corporation Name

ALLEN IRON WORKS, INC.

Principal Place of Business

Mailing Address

6850 STATE RD. 50
GROVELAND FL 34736

6850 STATE RD. 50
GROVELAND FL 34736

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

05/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

021587873

Applied For

Not Applicable

City & State

City & State

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	4 City / State / Zip
D	ALLEN, KENNETH B	6850 STATE RD. 50	GROVELAND FL 34736
D	ALLEN, TODD	6850 STATE RD. 50	GROVELAND FL 34736
D	ALLEN, JUDY	6850 STATE RD. 50	GROVELAND FL 34736
			000003256740--0 -03/16/01--01105--010 ****908.75 ****908.75
			REINSTATEMENT 2008-01

8. Name and Address of Current Registered Agent

ALLEN, KENNETH
6850 STATE RD. 50
GROVELAND FL 34736

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.

Signature of
Registered Agent

Kenneth Allen
REGISTERED AGENT MUST SIGN

Date 10-23-00

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:

Kenneth Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-00

CR2E040 (8/00)