

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045848

1. Corporation Name

ALMEIDA INDUSTRIES, INC.

Principal Place of Business

Mailing Address

4420 NW 12TH AVENUE
FORT LAUDERDALE FL 33309

4420 NW 12TH AVENUE
FORT LAUDERDALE FL 33309



REINSTATEMENT

03

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

05/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0921180

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ALMEIDA, KEITH	4420 NW 12TH AVENUE	FORT LAUDERDALE FL 33309

900023967959
10/21/03--01054--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALMEIDA, KEITH
4420 NW 12TH AVENUE
FORT LAUDERDALE FL 33309

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

Keith Almeida
REGISTERED AGENT MUST SIGN

Date

10/9/03

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 Almeida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

(954) 772-9957

Daytime Phone #

CR2040 (7/03)



Almeida Industries, Inc.

Roofing & Waterproofing

State License # CC C 057851

4420 NW 12th Avenue, Fort Lauderdale, FL 33309

(954) 772-9957 ♦ Fax (954) 229-2346 ♦ 1-888-543-7464

10/09/03

**Florida Department of State
Division of Corporations**

To Whom It May Concern:

Please let this letter serve as an official notice that the two (2) prior uniform business report (UBR) notices were never received.

If you should have any questions, please phone our offices.

Thank you in advance for your assistance.

Very Truly Yours,

Keith Almeida
President - Almeida Industries, Inc.