

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 26 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009
CORPORATION
REINSTATEMENT
AR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 999000047313

1. Corporation Name

NATURE COAST ALUMINUM PRODUCTS, INC

2. Principal Office Address - No P.O. Box #

SAME

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip

Country

34608

USA

3. Mailing Office Address

4051
LANSON AVE

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

Country

34608

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-20-99

5. FEI Number

59-3581340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES D. NICOLINI

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

10416 MARVISTA CT.

Suite, Apt. #, Etc.

City

WEEKI WACHEE

State

FL

Zip Code

34614

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

6/16/09

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
710P 21T	JAMES D. NICOLINI	10416 MARVISTA CT.	WEEKI WACHEE, FL. 34614

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 contained in Chapter 119, 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

6/16/09

Daytime Phone #

352

279 2943

7/20