

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000104792**

1. Corporation Name

ALLRITE WINDSHIELD & GLASS CENTER, INC.

Principal Place of Business

**1200 BEVILLE ROAD
DAYTONA FL 32114**

Mailing Address

**POST OFFICE BOX 290683
PORT ORANGE FL 32119-0683**

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

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1999

SP

5. FEI Number

59-362269

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
PD	BUCKLEY, JOHN D	1200 BEVILLE ROAD	DAYTONA FL 32114
SVD	O'CONNELL, RICHARD B	1200 BEVILLE ROAD	DAYTONA FL 32114
TD	BUCKLEY, DAVID T	1200 BEVILLE ROAD	DAYTONA FL 32114

**300003533683--0
-01/11/01--01103--005
*****750.00 *****750.00**

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

DAVID BUCKLEY

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

1044 WEXFORD WAY

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32119

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12/29/00**

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:

SIGNATURE OF DAVID BUCKLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/00 (904)

Daytime Phone #

238-008

CR2E040 (8/00)