

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**  FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 19 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S34640**

1. Corporation Name

REINFORCED PLASTICS DISTRIBUTING, INC.

Principal Place of Business

**3672 NW 16TH ST.
LAUDERHILL, FL. 33311
US**

Mailing Address

**5151 NW 82ND TERRACE
CORAL SPRINGS, FL. 33067**

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

2/27/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0251269

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

SP

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRESIDENT	TRAKEMAS, WILLIAM P.	5151 NW 82ND TERRACE	CORAL SPRINGS, FL. 33067
V. PRES.	TRAKEMAS, SHARON N.	SAME	SAME

200002945922-7
-07/30/99--01049--013
****900.00 ****900.00

8. Name and Address of Current Registered Agent

**TRAKEMAS, WILLIAM P.
5151 N.W. 82ND TERRACE
CORAL SPRINGS, FL. 33067**

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

William P. Trakemas

REGISTERED AGENT MUST SIGN

Date

7/12/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(j), 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:

William P. Trakemas

President **William P. TRAKEMAS**

Date

Daytime Phone #

7/12/99 (954) 584-2600

CRP0081 (12/98)