

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

\$365.00 ①

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS

FORMED
AND
FILED

1997 DEC -5 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V14387**

1. Corporation Name

THE ALUMINUM DEPOT, INC.

Principal Place of Business

Mailing Address

**16969 NW 67th AVE, Suite #107
Miami, FL 33015**

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

2/12/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0310928

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.76 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Alcibiades Rodriguez	2678 Meadowood Drive	Weston, FL 33332
S/T	Sylvia Rodriguez	2678 Meadowood Drive	Weston, FL 33332
V	Michael Rodriguez	1455 Meadows Blvd.	Weston, FL 33327
D	Juan Garcia Barberena	Yanyuas Miranla 19 , Apt 19 Izquierdo	Pamplona, Spain
			700002366837-2 -12/09/97-01082 PM ****365.00

8. Name and Address of Current Registered Agent

**Sylvia Rodriguez
2678 Meadow Drive
Weston, FL 33332**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11/19/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 taxes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/97

CR25040 (12-96)

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The Aluminum Depot, Inc.
16969 N.W. 67th Ave, Suite 107
Miami, FL 33015

November 19 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

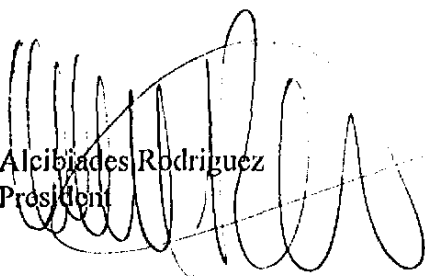
Re: EIN# 65-0310928

Dear Sirs:

Enclosed is my application for reinstatement along with a check in the amount of \$330.00. We have moved several times and relocated my business throughout the past few years. I did not receive the annual report forms and was unaware that I had to file a corporate annual report. Kindly abate all penalties for late filing.

Should you have any questions do not hesitate to contact me at: (305)827-0930.

Sincerely,


Alcibiades Rodriguez
President

Enclosures