

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **V43503**

1. Corporation Name

**THERMA SEAL, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 14 PM 4:01

Principal Place of Business

1135 53RD COURT NORTH  
WEST PALM BEACH FL 33407

Mailing Address

1135 53RD COURT NORTH  
WEST PALM BEACH FL 33407

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

Suite, Apt. #, etc.

1333 53 ST  
West Palm Beach FL

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/1992

5. FEI Number

65-0338115

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	CAMERON, DONALD L.	1135 53RD COURT NORTH 1333 53 ST	WEST PALM BEACH FL 33407
D	CAMERON, JUDITH ELLEN	1135 53RD COURT NORTH 1333 53 ST	WEST PALM BEACH FL 33407

000003019810--5  
-10/20/99--01066--016  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, GERALD A.  
9040 BELVEDERE ROAD  
SUITE 200  
WEST PALM BEACH FL 33411

Name **Donald L. CAMERON**  
Street Address (P.O. Box Number is Not Acceptable)  
1333 53 ST  
Suite, Apt. #, Etc.

City **West Palm Beach** State **FL** Zip Code **33407**

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]*

REGISTERED AGENT MUST SIGN

Date **10/13/99**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/13/99**

576/  
8480333  
Daytime Phone #