

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000054846

1. Corporation Name

ASSORTED ALLOYS CORP.

Principal Place of Business

4323 Kennedy Avenue  
East Chicago, IN  
46312

Mailing Address

4323 Kennedy Avenue  
East Chicago, IN  
46312

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

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
PTD	Arthur Mendoza	4323 Kennedy Avenue	East Chicago, IN 46312
SVD	John A. Camozzi	343 Almeria Avenue	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

The Law Firm of Lawrence J.  
Spiegel Chartered  
343 Almeria Avenue  
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name  
Spiegel & Utrera, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
343 Almeria Avenue  
Suite, Apt. #, Etc.

City  
Coral Gables

State  
FL

Zip Code  
33134

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

By:

Natalia Utrera, Vice President

Date

1/18/99

11. This corporation owes or has paid 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)(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

Arthur Mendoza

Date

Daytime Phone #

REINSTATEMENT

98-99

99 MAR 30 PM 1:18

STATE  
TALLAHASSEE, FLORIDA

\$8.75 Additional Fee required  
for a Certificate of Status

600002827326

04/01/99--01119--007

\*\*\*\*150.00 \*\*\*\*150.00

East Chicago, IN 46312

Coral Gables, FL 33134

600002827326

04/01/99--01119--006

\*\*\*\*750.00 \*\*\*\*750.00

CR2040 (7-98)