

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 12 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J53524

1. Corporation Name

Aluminum One Shutters and Siding, Inc.

**REINSTATEMENT** 08-09  
100161595591  
10/12/09--0622081 (12/08) \*\*308.75

2. Principal Office Address - No P.O. Box #  
c/o Kevin F. Richardson

3. Mailing Office Address  
c/o Kevin F. Richardson

Suite, Apt. #, etc.  
1551 Forum Place Suite 300C

Suite, Apt. #, etc.  
1551 Forum Place Suite 300C

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

Zip Country  
33401 USA

Zip Country  
33401 USA

4. Date Incorporated or Qualified To Do Business in Florida 1/21/1987

5. FEI Number  
59-2763288

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Kevin F. Richardson

Street Address (P.O. Box Number is Not Acceptable)  
1551 Forum Place

Suite, Apt. #, Etc.  
Suite 300C

City  
West Palm Beach, FL

State Zip Code  
FL 33401

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*KFR*

REGISTERED AGENT MUST SIGN

Date

OCT 6, 09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Moore, Charles Christopher	7957 South Lake Drive	West Palm Beach, FL 33406
VP	Wegstaff, Norris	1752 2 of Avenue North, Apt 8	Lake Worth, FL 33460

10. 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 contained in Chapter 119, 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 6, 9

Daytime Phone #

561 5888101

10/13/09