

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 29 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K44361**  
1. Corporation Name  
**BAY AREA ALUMINUM SERVICES, INC.**

Principal Place of Business Mailing Address  
12350 BELCHER ROAD, BLDG. 2 12350 BELCHER ROAD, BLDG. 2  
LARGO FL 33773 LARGO FL 33773



**REINSTATEMENT** 9963

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		11/09/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-2915836		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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
P	LUFKIN, HAROLD E	12191 94TH ST., NORTH	LARGO FL 33773
VST	LUFKIN, VALERIE G	12191 94TH ST., NORTH	LARGO FL 33773

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LUFKIN, VALERIE G 12191 94TH STREET NORTH LARGO FL 33773		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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: Valerie G. Lufkin Date: 1-27-2003

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

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: Valerie G. Lufkin **SIGNATURE REQUIRED** 1-27-2003 727-391-8791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VALERIE G. LUFKIN

CR2E040 (8/99)

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