

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000009712**

1. Corporation Name

ADVANTAGE ALUMINUM, INC.

Principal Place of Business

Mailing Address

1461 CHIPPEWA LANE
GENEVA FL 32732

1461 CHIPPEWA LANE
GENEVA FL 32732

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

500024567535
11/10/03--01081--012 **150.00

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	RICHARDS, RUSSELL	1461 CHIPPEWA LANE	GENEVA FL 32732

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARDS, RUSSELL
1461 CHIPPEWA LANE
GENEVA FL 32732

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

11/5/03

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/03 407
349-1060

CR2E040 (7/03)

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

10/27/03

To Whom It May Concern,

I am respectfully requesting a waiver of the reinstatement penalty fee for Advantage Aluminum, Inc.

I incorporated last year, but never activated it. I have still been using my social security number for business and have not used my corporation in anyway. Since the corporation was not activated, I had not received my Federal Employer Identification (FEI) number, and was not aware of filing the annual report/uniform business report.

Thank you for considering my request for waiver of the penalty fee. I have enclosed the \$150 fee to file the reinstatement application. I would like to reinstate my corporation and begin doing business through it by January 1, 2004.

Respectfully yours,

Russell Richards