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 OCT 17 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000036451**

1. Corporation Name

MCDONALD ALUMINUM INC

Principal Place of Business	Mailing Address
5817 20TH AVE NW NAPLES FL 34119	5817 20TH AVE NW NAPLES FL 34119

REINSTATEMENT 03

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: 03/29/2002

5. FEI Number: 56-2289525 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MCDONALD, WILLIAM	5817 20TH AVE NW	NAPLES FL 34119
DS	MCDONALD, DORRI	5817 20TH AVE NW	NAPLES FL 34119
V	DEERING, ROBERT	27503 AMIGOS	BONITA SPRINGS FL 34135
		700028908657 10/17/03--01064--003 **150.00	

8. Name and Address of Current Registered Agent

MCDONALD, WILLIAM
5817 20TH AVE NW
NAPLES FL 34119

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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: ✓ William McDonald — Date: ✓ 10-14-03

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: ✓ William McDonald — WILLIAM McDONALD ✓ — 10-14-03 ✓ — 239-592-1716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To the State of Florida

My name is William McDonald. I apologize for not filing this uniform business report, To my knowledge I did not recieve this document. This is my first time with this corporation change over and I hope to learn more about the procedures in order to deliver what you need from me. My accountant was not aware of this document either and he told me the fee is 150.00 I am sending this document with 150.00 and I hope this will reinstate my corporation

Sincerly
William McDonald
owner.