

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 MAR -9 PH 3:13

DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PD5000163276

1. Corporation Name ABC ALUMINUM HOME IMPROVEMENT,

08-10

REINSTATEMENT

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 2170 N.E 51 Count Suite (Apt) #, etc. B30 City & State Fort Lauderdale FL. Zip 33308 Country USA Broward

3. Mailing Office Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME Country

4. Date Incorporated or Qualified To Do Business in Florida 12/05 5. FEI Number 26-0130961 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name Robert Edwards SR. Street Address (P.O. Box Number is Not Acceptable) 2170 N.E 51 Count Suite (Apt) #, Etc. B30 City Fort Lauderdale State FL Zip Code 33308

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 Robert Edwards Date 2-23-2010 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Contains entry for Robert Edwards SR. at 2170 N.E 51 Count Apt. B30, Fort Lauderdale FL. 33308.

300171596553 03/09/10-01004-001 4450.00

M. MILLIGAN EXAMINER

10. E-mail Address: (To be used for future annual report notification) MAR -9 2010

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. I further certify 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: Robert Edwards 2-23-2010 754-234-5578