

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 DEC 31 AM 8:46

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32399

**DOCUMENT #** p13000026061

1. Corporation Name

**ALUMINUM SOLUTIONS SERVICES INC**

2. Principal Office Address - No P.O. Box #

**2809 S Lenna Ave.**

Suite, Apt. #, etc.

3. Mailing Office Address

**2905 S Lenna Ave.**

Suite, Apt. #, etc.

City & State

**Seffner, FL**

City & State

**Seffner, FL**

Zip

**33584**

Country

**USA**

Zip

**33584**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/2013

5. FEI Number

**46-2292748**

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

**Sara A Shepard**

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

**2905 S Lenna Ave.**

Suite, Apt. #, Etc.

City

**Seffner**

State

**FL**

Zip Code

**33584**

**500280516425**  
**12/31/15--01012--005 \*\*750.00**

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

*Sara A Shepard*

REGISTERED AGENT MUST SIGN

Date **12/29/15**

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
CEO	Brian Shepard	2809 S Lenna Ave.	Seffner, FL 33584

10. E-mail Address:

(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

*Brian Shepard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/29/15**

Date

Daytime Phone #