

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 OCT 22 AM 9:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 235378

1. Corporation Name
SUPREME ALUMINUM PRODUCTS INC

Principal Place of Business Mailing Address

WILLIAM MIRANDA WILLIAM MIRANDA
 601 93RD ST. PO BOX 6051 601 93RD ST. PO BOX 6051
 MIAMI FL 33154 MIAMI FL 33154



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/01/1960	
City & State		City & State		5. FEI Number	
Zip		Country		59-0898729	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
PD	MIRANDA, WILLIAM	601 - 93RD STREET	SURFSIDE FL
SD	MIRANDA, WILLIAM, JR.	601 - 93RD STREET	SURFSIDE FL

100003032461--9
 -11/02/99--01070--011
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MIRANDA, WILLIAM 601 93RD ST MIAMI BEACH FL 33154		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *William Miranda* REGISTERED AGENT MUST SIGN Date: 10-19-99

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 Miranda* REGISTERED AGENT MUST SIGN Date: 10-19-99 305-864-6179 Daytime Phone #

CR2000 (8/99)



MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

PATCHEN, CANNER & BRODY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
12340 NORTHEAST 6TH COURT
NORTH MIAMI, FLORIDA 33161
(305) 893-1356
TELEFAX (305) 895-9642

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

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Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

October 13, 1999

Re: Application for Reinstatement
Supreme Aluminum Products, Inc.
FEI # 59-0898729

Dear Sir or Madam,

I wish to reinstate Supreme Aluminum Products, Inc. as an active corporation. Enclosed is a completed application. I am also requesting that the reinstatement fee be reduced to \$150, which is the fee for filing an annual report, due to hardship. During 1999, I was hospitalized for most of the year and was unable to attend to needs of the business. In the future, my accountant will assist in processing the annual report. Enclosed are various records indicating my hospitalization during 1999.

I appreciate your attention to this matter.

Sincerely,

William Mirapaa

President and Owner,
Supreme Aluminum Products, Inc.