

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN -2 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **271638**

1. Corporation Name

ALLIAD METAL CORPORATION

2. Principal Office Address

**2902 NW 32 Ave.
MIAMI - FLA. 33142**

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

7/8/63

5. FEI Number

59-1008-206

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

INTRASTATE REGISTERED AGENT CORPORATION

700003532647-2

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

1916 S. CENTRAL AVENUE

01/11/01-01040-023

******758.75 ****758.75**

Suite, Apt. #, Etc.

City

LAKEBLAND, FLA, 33803

State

FL

Zip Code

33803

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

Paul Moshheim

REGISTERED AGENT MUST SIGN

Date **12/28/2000**

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
M	MOSHEIM, PETER	2902 NW 32 Ave.	MIAMI, FLA. 33142
S	MOSHEIM, MAION	_____	_____
P	MOSHEIM, PAUL	_____	_____
U	MOSHEIM, ROBERT	_____	_____ LS

10. 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:

Paul Moshheim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2000

Date

305-635-3760

Daytime Phone #

CR2E081 (9/99)