

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

RECEIVED

FILED

DOCUMENT # F95000003271

1. Corporation Name

INDALEX AMERICA INC.

03 JAN 29 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600012225326

02/10/03--01011--027 **300.00



600012225326

02/10/03--01011--028 **300.00

Principal Place of Business

~~2905 OLD OAKWOOD ROAD~~
~~GAINESVILLE FL 32604~~
~~US~~

Mailing Address

~~2 CORPORATE DRIVE~~
~~OFFICE 210~~
~~TRUMBULL CT 06611~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3000 Lakeside Dr.

Suite, Apt. #, etc.

Ste. 309 South

City & State

Bannockburn IL

Zip

60015

Country

U.S.

3. New Mailing Office Address, If Applicable

10931 Laureate Dr.

Suite, Apt. #, etc.

City & State

San Antonio TX

Zip

78249

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1995

5. FEI Number

34-1168821

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	ATTFIELD, ALISON	24 QUEENS RD	WEYBRIDGE, SURREY ENGLAND KT13
DPS	LECKIE, ROBERT B	10931 LAUREATE DRIVE	SAN ANTONIO TX 78249
XVAS	SIMMONS, PAT M	2 CORPORATE DRIVE #210	TRUMBULL CT 06611
D/V	Michael E. Alger	3000 Lakeside Dr. Ste. 309 South	Bannockburn IL 60015
D	mark A. Russell	3000 Lakeside Dr. Ste. 309 South	Bannockburn IL 60015
V/AS	Debra W. Keener	10931 Laureate Dr.	San Antonio TX 78249

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Signature of Robert B. Leckie
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/20/03

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:

Signature of Robert B. Leckie
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03

Date

Daytime Phone #

CR2E040 (8/02)