FILED  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS  DOCUMENT # G09723  1. Corporation Name  FILED  Secretary of State  DIVISION OF CORPORATIONS  SECRETARY OF STATE  TALLAHASSEE, FLORIDA	PLEASE READ	OMPLET	ING THIS FORM	(Lt.					
Secretary of State DINISION OF COSPORATIONS SECRETARY OF STATE TALL AHASSEE, FLORIDA  SECRETARY OF STATE TALL AHAS	APPLICATION A			. AND					
DOCUMENT # G09723  L. Corporation Name  GATOR ALLMINUM, INC.  Principal Place of Business  Malling Addross	FOR FOR					₹ å hea han å⊸	,		
Address  Add	REINSTATEMENT **	<u>7</u> 	•			98 NOV 19 PP	112: 49		
Principal Place of Business  460 N.W. 19TH STREET P.O. 50X 14165 GAMESVILE FL 20209  If above addresses are incorrect in any way, fine through incorrect information and enter correction below Participal Principal Office Address, If Applicable 2. New Participal Office Address, If Applicable 3. New Making Office Address, If Applicable 5. Stife, Apt. 8, etc.  Suite,					SECRETARY OF STATE TALLAHASSEE. FLORIDA				
### ACCON N. 13TH STREET P.O. BOX 14165 GANESOULE F. 25090  ## above addresses are incorract in any way, line through incorract information and enter correction below.  ## above addresses are incorract in any way, line through incorract information and enter correction below.  ## above addresses are incorract in any way, line through incorract information and enter correction below.  ## above addresses are incorract in any way, line through incorract information and enter correction below.  ## EINSTATEMENT GAS  ** Date incorporated or Qualified 11/29/1982    Date incorporated or Qualified   1/29/1982   Date incorporation or Qualified	GATOR ALUMINUM, INC.			İ					
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### Balve addresses are bocored in any way, line through incorrect information and einter correction below.  #### PEINSTATEMENT  98  #### PEINSTATEMENT  98  ##### Address in Proceeding  11/20/1982  5. New Making Office Address, if Applicable  5. New Making Office Address, if Applicable  5. New Making Office Address, if Applicable  6. Suite, Apt. #, etc.  City & Stato  City & Stato  City & Stato  Country  2p  Country  2p  Country  2p  Country  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofile corporations must list at least 3 directors)  5. TER Names and Street Addresses of Each Officer and/or Director (Florida nonprofile corporations must list at least 3 directors)  5. TRUSSELL, DEBRA L  4820 N.W. 13TH ST.  GAINESVILLE, FL 00000  ###############################	•	•				T DOCTO INISA INGGO ATOGO AND ATOGT DIBER	STITLE DERES CODES ASUFF SERVE		
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2. New Mailing Office Address, if Applicable  3. New Mailing Office Address, if Applicable  5. Suite, Apt. 8, etc.  5. Suite, Apt. 8, etc.  5. FEI Number  5. CERTIFICATE OF STATUS DISSRED  6. CERTIFICATE OF	GAINESVILLE FL 32609	ILLE FL 32609 GAINESVILLE FL 32609				CORP and Discourance and	, )		
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.					ieins	IATEMENT	98		
Soles, Ap. 1, No.  Soles, Ap. 1,	New Principal Office Address, If Applicable	New Principal Office Address, If Applicable 3. New Mail		ng Office Address, If Applicable		:-	200/1000		
City & State  City & State  Country  Co	Suite, Apt. #, etc. Suite, Apt. #		etc.		5. FEI Number				
Zp Country   Zp   Country   Zp   Country   CRITIFICATE OF STATUS DESIRED     Country   CRITIFICATE OF STATUS DESIRED	City & State City & State				59-2285095 Not Applicable				
Sire Address of Each Officer and/or Directors   3 (Do NOT Use Post Officer and/or Directors   4 (Do NOT Use Post Officer Box Numbers)   4	Zip Country	Zip	Country	У		FOF STATUS DESIRED 58.7	5 Additional Fee required or a Certificate of Status		
Tible(s) 2 and/or Directors 3 (Do NOT Use Post Office and/or Directors) 4 (Sky / State / Zip  SV RUSSELL, DEBRA L 4620 N.W. 13TH ST. GAINESVILLE, FL 00000  P RUSSELL, DONALD L 4620 N.W. 13TH ST. GAINESVILLE, FL 00000  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name  RUSSELL, DONALD L Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  10. I, being appointed the registered Agent Registered Agent Name  11. This corporation owes or has paid the current year Intendigible Personal Property tax due June 30. Yes No Date No Corporation intendigible tax)  12. I certify that I am an officer or director or the resolver or function provided this application as provided to the best of the origination on intendigible tax)  12. I certify that I am an officer or director or the resolver or trainese empowered to execute this application as provided to end to 97 of 97, F.S. I further certify that when filting owned by the corporation have been paid and the names of individuals lighted on this application is true and accounts, and my signature shall fives owned by the corporation have been paid and the names of individuals lighted on this application is true and accounts, and my signature shall five the same of individuals lighted on		/or Director (Flo	<del>,                                      </del>						
RUSSELL, DONALD L  3. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name RUSSELL, DONALD L  4820 NORTHWEST 13TH STREET GAINESVILLE FL  Suite, Apt. #, Elc.  City  State   Agent	Title(s) and/or Directors		Officer and/or Director				ate / Zip		
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  Name  RUSSELL, DONALD L  4620 NORTHWEST 13TH STREET  GAINESVILLE FL  Suite, Apt. #, Etc.  City  State  Signature of  Registered Agent  10. 1, being appointed the registered agent of the above wife of corporation, am by the with and accept the obligations of Section 607.0505, F.S.  Signature of  Registered Agent  11. This corporation owes or has paid the current year intangible Personal Property tax due June 30.  12. 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 filling 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 oved by the corporation have been paid and the names of individuals ligibed of 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 substrieve the saype legal effect as if made under oath.  SIGNATURE:	SV RUSSELL, DEBRA L		4620 N.W. 13TH ST.		GAINESVILLE, FL 00000				
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name  RUSSELL, DONALD L  4620 NORTHWEST 13TH STREET  GAINESVILLE FL  9. Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  10. I, being appointed the registered agent of the shower private Corporation, am tambér with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  12. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 i. F.S., that all fees owed by the corporation have been paid and the names of individuals tayled 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 free some one of the sample legal effect as if made under cath.  SIGNATURE:  1. State   Zip Code   FL   F.S.   further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 i. F.S., that all fees owed by the corporation have been paid and the names of individuals tayled 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 frame the sample legal effect as if made under cath.	P RUSSELL, DONALD L		4620 N.W. 13TH ST.			GAINESVILLE, FL 00000			
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name  RUSSELL, DONALD L  4620 NORTHWEST 13TH STREET  GAINESVILLE FL  9. Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  10. I, being appointed the registered agent of the shower private Corporation, am tambér with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  12. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 i. F.S., that all fees owed by the corporation have been paid and the names of individuals tayled 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 free some one of the sample legal effect as if made under cath.  SIGNATURE:  1. State   Zip Code   FL   F.S.   further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 i. F.S., that all fees owed by the corporation have been paid and the names of individuals tayled 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 frame the sample legal effect as if made under cath.									
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name  RUSSELL, DONALD L  4620 NORTHWEST 13TH STREET  GAINESVILLE FL  9. Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  10. I, being appointed the registered agent of the shower private Corporation, am tambér with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  12. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 i. F.S., that all fees owed by the corporation have been paid and the names of individuals tayled 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 free some one of the sample legal effect as if made under cath.  SIGNATURE:  1. State   Zip Code   FL   F.S.   further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 i. F.S., that all fees owed by the corporation have been paid and the names of individuals tayled 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 frame the sample legal effect as if made under cath.					91	00002698	6894		
8. Name and Address of Current Registered Agent  Name  RUSSELL, DONALD L.  4620 NORTHWEST 13TH STREET  GAINESVILLE FL  Suite, Apt. #, Etc.  City  State  Signature of Registered Agent  10. I, being appointed the registered agent of the above riffled corporation, am is missing with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  11. This corporation owes or has paid the current year  Intangible Personal Property tax due June 30.  12. 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 of) into from do not quity 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 frave the same legal effect as if made under oath.  SIGNATURE:  1. Name  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  Suite, Apt. #, Etc.  City  State Code  FL  Suite, Apt. #, Etc.  City  State Code  FL  Suite, Apt. #, Etc.  Cit		-			<del></del>	<u>-12/01/98C</u>	31034018		
RUSSELL, DONALD L 4620 NORTHWEST 13TH STREET  GAINESVILLE FL  Suite, Apt. #, Etc.  City  State  City  State  Signature of Registered Agen  Reg					_	***************************************	***************************************		
RUSSELL, DONALD L 4620 NORTHWEST 13TH STREET  GAINESVILLE FL  Suite, Apt. #, Etc.  City  State  City  State  Signature of Registered Agen  Reg					10/11/25				
RUSSELL, DONALD L.  4620 NORTHWEST 13TH STREET  GAINESVILLE FL  Suite, Apt. #, Etc.  City  State Zip Code  FL  10. I, being appointed the registered agent of the above primed corporation, am fartifier with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agen  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No (See other side for Information on intangible tax.)  12. 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, her eason 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 oil 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 fave the same legal effect as if made under oath.  SIGNATURE:	8. Name and Address of Current	8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
4620 NORTHWEST 13TH STREET  GAINESVILLE FL  Suite, Apt. #, Etc.  City  State  City  State  Zip Code  FL  10. I, being appointed the registered agent of the above of the corporation, am fartism with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  ARECISTERED AGENT MUST SIGN  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for Information on intangible tax.)  12. 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 oil 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 fave the same legal effect as if made under oath.  SIGNATURE:	1			Name					
GAINESVILLE FL  Suite, Apt. #, Etc.  City  State  To. I, being appointed the registered agent of the above riffled corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  AREGISTERED AGENT MUST SIGN  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes  No  (See other side for Information on intangible tax.)  12. 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 filling 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 pave the same legal effect as if made under cath.  SIGNATURE:  SIGNATURE:	·			Street Address (P.O. Box Number is Not Acceptable)					
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